



Academic Affairs Student Worker Approval Form

School/Department: _____ Date: _____

Last Name: _____ First: _____

Student's Classification:

Student's Major: _____

Start Date: _____

How many hours will they work per week? _____

Have they worked as a student worker before? YES NO

If so, where? _____

Requested by: _____ Date: _____

Dean's Approval: _____ Date: _____

For Academic Affairs Office use only:

Approved Not Approved

Dr. Thomas Sanders, Provost & Vice President of Academic Affairs

Date