



TEXAS SOUTHERN UNIVERSITY

Office of Student Financial Assistance

Ph: 713-313-7071 • Fax: 713-313-1859 • financialaid@tsu.edu • www.em.tsu.edu

College Work-Study-Student Work/Class Schedule

(Class schedules and Work schedules for each Work-Study student must be on file in department)

Name: _____ SS# _____

Local Address: _____ Phone: _____

Permanent Address: _____

Semester: _____ Year: _____ () Freshman () Sophomore () Junior () Senior

Class Schedule:

CLASS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

(Please indicate A.M. or P.M. when indicating class hours)

Total Hours: _____

Work Schedule:

(Make certain that work hours do not conflict or overlap with class hours)

NOTE: When making your work schedule, please base it around your class schedule keeping in mind that you can only work **8 hrs per day and 20 hrs per week** with no class conflicts. (If class is canceled, student must report to work at his/her usual time). If student drops a class, it is very important that the work-study coordinator receives a copy of the official drop form. Failure to submit information can effect time reported on your timesheet.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

(Please indicate A.M. or P.M. when indicating class hours)

Total Hours: _____

This is the schedule I will work for the Fall and Spring semester. If my work schedule changes, it is my responsibility to coordinate a new work schedule with my supervisor and submit updated work schedule to the CWS Coordinate immediately. Failure to submit updated work schedule could affect the amount I receive on my monthly paycheck.

Student Signature _____

Date ____/____/____

Supervisor Signature _____

Date ____/____/____

Please send your documents to:
Texas Southern University
Office of Student Financial Assistance
3100 Cleburne Street • Houston, TX 77004