

## **Student Contact Information Form**

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Year in School: \_\_\_\_\_ College Major: \_\_\_\_\_

Work-Study Eligible? (on-campus jobs only) \_\_\_\_\_ Amount of Award \_\_\_\_\_

### **Times Available to Work:**

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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