

VERIFICATION of CHANGE TO CLASS SCHEDULE

(This form should be completed if there is a change in the term class schedule which would make a student available to work on campus during a regularly scheduled class time.)

_____ was or is available to work on _____ at _____
(Student's Name) (Date) (Time)

due to the following reasons: _____

(Student Signature)

(Professor Signature)

(Work-Study Supervisor Signature)