

COLLEGE of CHARLESTON

CENTER FOR STUDENT LEARNING

Application for Student Employment

Please print in ink

Name: _____

College of Charleston Student ID: _____

Permanent Address: _____

Local Address: _____

College e-mail address: _____@g.cofc.edu

Alternate e-mail address _____

Local Phone: _____

Cell: _____

Undergraduate Student

Graduate Student

If Graduate, where? _____

Do you have Federal Work Study for this year? Yes No

If yes, what is your award amount? _____

Are you a U.S citizen? Yes No

If no, Visa type: _____ Expiration date: _____

Permanent Resident Card number: _____ Expiration date: _____

Area of Tutoring

Lab/Subject: _____

Approximate number of hours per week _____

Professor(s) recommending you: _____

What is your Major: _____ Minor: _____

Expected graduation date: (MM / YY): _____

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