

CS 369 REGISTRATION

Date: _____

STUDENT

Name: _____ Phone: _____

Address: _____

Student ID# _____ Email: _____

Job Title: _____ Hours per week: _____ Pay Rate: _____

Is this your first term of 369 credit? _____

Department of Major: _____

Semester/Term: Fall _____ Spring _____ Full Summer _____ 1st Summer _____ 2nd Summer _____

EMPLOYER

Company: _____

Department: _____

Address: _____

Supervisor (name and title): Mr/Ms _____

Phone: _____ Email: _____

Work Period (beginning and ending dates): _____

Please write a brief job description below.