

# UNIVERSITY OF COLORADO AT BOULDER

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Please shade in your class schedule below: \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER

Work-Study Award Amount: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
NOON							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							

\*Hours you prefer to work: \_\_\_\_\_

Do you have any other commitments that would prevent you from working: If so please list:

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\*PLEASE NOTE: We will attempt to work with your schedule whenever possible.