

Work Study Site Request



Area/Office _____

Supervisor's Name _____

Student's Job Title _____

Has your office supervised a work study student previously? Yes No

How many students are you requesting? _____

Email the completed form to: cs@davidsonccc.edu

1. What responsibilities will you assign to ensure the student learns skills applicable to the work force?

2. What makes your site an excellent learning environment?

continue →

Job Description

Please answer the following questions about your position.

Job Title:

Area/Office:

Student reports to:

Primary contact: (general public, faculty/staff, students)

Equipment/Tools used (software, copier etc.):

Primary Location: (Davidson Campus, Davie Campus)

continue →

Knowledge/Educational Requirements:

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Duties and Tasks:

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Other Items of Note:

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COMMITTEE USE ONLY

Date Application reviewed: _____

Application Approved? _____

If approved, any suggestions for change?

If not approved, why?
