

NORCO COLLEGE

Student Employment ENROLLMENT AGREEMENT

Student Section: to be completed by the student (*Incomplete information will cause a delay in processing this form*)

Academic Year 20 ____/20 ____

Student Name – As Printed on Social Security Card (Please Print) ***** Hiring Site Name

Social Security Number

Supervisor Name (Please Print)

Phone # and Extension

Special Circumstances: _____

I _____, certify that I will enroll and attend Norco College for the following
As Printed on Social Security Card
semester(s) selected below:

Fall "" Spring

Failure to enroll and attend the above circled semester at least half time could jeopardize future assistance for which I apply. My **Student Education Plan (SEP) copy** has been attached, and ***below are the projected classes*** I intend to take for the semester indicated above:

The total number of units that I plan to enroll in is _____ units for the above term.

Student's Signature

Date

Supervisor Section: to be completed by the supervisor (*Incomplete information will cause a delay in processing this form*)

This form is for the purpose of maintaining eligibility with the Student Employment program at Norco College. This Document will be kept on file as evidence of my intent to enroll in the following semester. I must be enrolled at least half-time during the semester stated above (Fall or Spring 6 or more units). By signing below, I agree to the terms as stated above and that all information is accurate and true.

Supervisor's Signature

Date

Before being approved all budgets that the student is hired in will be checked for funding availability.