

NORCO
COLLEGE
Student Employment
ENROLLMENT AGREEMENT

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

Academic Year: _____

Semester requesting approval to work for: _____

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

Department/Hiring Site Name

Student ID Number

Last 4 Digits of SSN

Supervisor Name (Please Print)

Phone # and Extension

Briefly explain why you are not enrolling in Summer/Winter term: _____

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

Fall

Spring

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

Failure to enroll and attend the above semester(s) at least half time may jeopardize your ability to continue working. Please attach a copy of your **Student Education Plan (SEP)** and list your projected classes below for the indicated semester.

Student's Signature

Date

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

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 the student's intent to enroll in the following semester(s). Students must be enrolled at least half-time during the semester stated above (Fall or Spring, 6 or more units). By signing below, the Department acknowledges and agrees to the terms as stated above and that all information is accurate and true.

Supervisor's Signature

Date