Approved by

WORK

Employment Verification for a Reduced Course Load

Student Name (pleas	se print)	Student ID Number
Email Address		Phone Number
		Fall Spring Year
Units you are in	Units you propose to tal	ke
Employer		Employer Phone
Employer Address		
Job Description		
-		Paid employment? Yes No
Hours of work per w	veek	raid employment.
Employment begins	on Employment ends on	
Employment begins	on Employment ends on	
Supervisor's Name (print)		Supervisor's Signature
I CEDTIEV THAT T	THE ADOVE INCODMATION IS CO	ORRECT & MAY BE VERIFIED BY THE COLLEGE.
I CERTIFI THAT I	THE ABOVE INFORMATION IS CO	ORRECT & MAT DE VERIFIED DI THE COLLEGE.
Student signature		Date
-A signed employm	nent verification form is required ea	ch semester for a reduced course load.
-DEADLINE: The	last day to submit this form is the ac	dd/drop deadline during the 4th week of the semester.
-You will be able to	o reduce your course load based on	the employment according to the guide below:
	Hours of paid employment	Minimum Units Required
	15-19	10
	20-29	8
	30 hours or more	6

Date