

University Library

Tuition Refund/Work Schedule

Name: _____

Job Classification: _____

Date: _____

Course Name: _____
(inc. number)

Credit Hours: _____

Proposed Work and Class Schedule

(Use "Z" to designate requested paid release time for class.)

	7	8	9	10	11	12	1	2	3	4	5	6	7
S													
M													
T													
W													
Th													
Fr													
Sa													

(vertical lines represent on the hour time)

Signature of Applicant

Signature of Supervisor