



UNIVERSITY *of the*
SOUTHERN CARIBBEAN

Royal Road, Maracas, St. Joseph, Trinidad

FORM: USRC 1

UNIVERSITY STUDENT RESOURCE CENTRE (USRC)

APPLICATION FOR EMPLOYMENT IN THE WORK/STUDY PROGRAMME

- ✓ *A student must be doing a minimum of 12 credits per semester to be in the work-study programme.*
- ✓ *A Trinidad & Tobago national is allowed to work a maximum of 30 hours per week in one or more departments cumulatively.*
- ✓ *An international student is allowed to work a maximum of 20 hours per week in one or more departments cumulatively. The student must have a valid student permit to be admitted into the work-study programme.*
- ✓ *A student must apply at the start of each academic year to be in the work/study programme.*

NAME _____

LOCAL ADDRESS _____

HOME ADDRESS _____

USC I.D. # _____ TEL NOS. _____

EMAIL (1) _____ EMAIL (2) _____

PROGRAMME MAJOR _____

PROGRAMME MINOR _____

NO. OF CREDITS CURRENTLY DOING THIS SEMESTER _____

FRESHMAN SOPHOMORE JUNIOR SENIOR

STUDENT: LOCAL INTERNATIONAL

CURRENT DEPARTMENT OF EMPLOYMENT (if any) _____

NO. OF WORK HOURS IN CURRENT DEPARTMENT _____

POSITION APPLYING FOR _____

DEPARTMENT _____

| WORK EXPERIENCE | | |
|-----------------|----------|---------------------|
| POSITION | EMPLOYER | DURATION (years) |
| | | to |
| | | to |
| | | to |
| | | to |
| | | to |

Note. Approval of the International Student Service Officer of the University signifies that the student has a valid student permit for the school year.

| ENDORSEMENTS | NAME (BLOCK) | SIGNATURE | STAMP | APPROVED | |
|---------------------------------------|--------------|-----------|-------|----------|----|
| | | | | YES | NO |
| International Student Service Officer | | | | | |
| Dormitory Dean | | | | | |

STUDENT'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE

STUDENT RECOMMENDED FOR EMPLOYMENT: YES NO

STUDENT TRANSFERRING FROM ANOTHER DEPARTMENT: YES NO

STUDENT WILL WORK AMONG VARIOUS DEPARTMENTS: YES NO

RECOMMENDED RATE OF PAY _____

APPLICATION REVIEWED BY (USRC Officer) _____ DATE _____

STUDENT FINANCE DIRECTOR: APPROVED NOT APPROVED

SIGNATURE _____ DATE _____