



# ENROLLMENT AGREEMENT

## Riverside City College

### Student Employment

#### **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 / Department Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Manager Name (Please Print) \_\_\_\_\_

Phone # and Extension \_\_\_\_\_

**Special Circumstances:**  
(Required) \_\_\_\_\_

I \_\_\_\_\_, certify that I will enroll and attend Riverside City College for the following semester(s) As Printed on Social Security Card below:

**Fall with Late Start**

**Fall**

**or**

**Spring**

**Spring with Late Start**

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 **OR I am registered for the semester indicated above in the late start class(es) listed below and agree to attend:**

\_\_\_\_\_  
Total number of registered units

(Currently attending & late start units) \_\_\_\_\_ for the above term.

This form is for the purpose of maintaining student employment with Riverside City College. This Document will be kept on file as evidence of my intent. 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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### **Manager 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 student employment for the above named student with Riverside City College. This document will be kept on file as evidence of the student's intent. Students 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 continue employment of the above named student in accordance with the terms stated above.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

**Before being approved all budgets that the student is hired in will be checked for funding availability. 1**

**Copy: Supervisor ♦ 1 Copy: Student**

#### **Office Use Only**

CGPA \_\_\_\_\_ Units/Semester \_\_\_\_\_ Late Start Units? \_\_\_\_\_ Funding \_\_\_\_\_

\_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Director, Student Financial Services