Student Name: ______________________________________________________

Hours to be worked per week (can be filled in by student):

  Days of the Week: Mon  Tues  Wed  Th  Fri
  Hours per week: ___________________________
  Times to be worked: ________________________________

Name of site supervisor: _____________________________________________

Supervisor’s title and school: _________________________________________

Supervisor’s signature ________________________________________________

Date: _____________________________

This form must be returned by ____________________.

Please return to  Office of Minority Affairs & Diversity
                University of Washington
                171 Mary Gates Hall
                Box 352803
                Seattle, WA 98195