



WORK STUDY PROGRAMME STUDENT RECORD SHEET

Student: _____

Number of Hours Per Week: _____

Supervisor: _____

Stipend Per Month: _____

Department/Unit: _____

Month: _____ Semester: _____ Year: _____

WEEK ENDING (DATE)	EXACT HOURS WORKED							TOTAL HOURS
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
1.								
2.								
3.								
4.								
5.								

Circle the work done by the student:

Filing Photocopying Typing Data entry Collating documents
 Receptionist Running errands Peer counselling Record keeping
 General office duties Planning/coordinating programmes
 Other (specify): _____

Supervisor's evaluation of student's work:

[] Unsatisfactory [] Satisfactory [] Good [] Outstanding

Comments (Optional): _____

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Director, Financial Aid & Scholarships: _____ Date: _____

VP, Finance/Financial Controller: _____ Date: _____