



Work Program Office

700 College Ave • Carlinville, IL 62626 • 1-217-854-3231

Rev. 10-2017

WORK PROGRAM AGREEMENT

Academic Year: _____

Student Worker Name (please print legibly): _____

PARTICIPATION REQUIREMENTS

I understand that as a resident student, living on campus, (or as a non-resident student, not living on campus, that has applied and been accepted) I am required, as a condition of enrollment, to participate in the Blackburn College Student-Managed Work Program. Failure to fulfill my work program obligations could result in loss of my International Student Grant in addition to other financial and disciplinary consequences, including suspension from the College, which could lead to loss of my F-1 visa status and deportation.

PURPOSE

I understand that the purpose of the work program is to provide opportunities for student learning and development, community contribution, and cost reduction.

TUITION CREDIT & VERIFICATION OF HOURS WORK

I agree to have my tuition costs credited/reduced based upon the hours I work.

I understand that I am responsible to work at least the minimum hours required per semester. I understand that I am responsible to submit weekly time cards to my supervisor verifying the hours worked, and that in order to receive electronic copies of my time record, I must use a Blackburn email account.

Student Signature: _____ Date: _____