

Spring and Fall Student Lab Worker Application
Computer Science Department

Name

Student M Number

Address

Cell Phone

What is your major?

E-mail Address(es)

Work Qualifications

Are you a full-time MTSU student?

Are you eligible for work study? (if you don't know, you can check with Financial Aid about it.)

How many hours per week would you like to work? (Work study is limited.)

List Computer Science courses completed and currently enrolled in:

List other areas of expertise or knowledge:

Have you completed STA training?

If so, what level?

Please indicate below the times that you are available to work with a "X" in the appropriate box. If there are any hours you really prefer, please put a "P" in those boxes. Also, please attach your class schedule so we can cross check times that may come available.

	M	T	W	R	F
7:30-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:30					
4:30-6:00					
6:00-9:15					

I understand that by signing this form, I have the responsibility to

____ Notify the Lab Manager if my information regarding enrolled hours changes;

____ Ensure that the lab will never be left unattended and equipment will not be tampered with or removed during my assigned work period(s);

____ Call another lab worker to sub for me if I am unable to work my assigned period(s) at any time; if I am unable to do this, I will contact the Lab Manager directly;

____ Abide by and uphold policies and procedures of MTSU and the Computer Science Department.

Signed

Date