

SOUTH TEXAS COLLEGE OF LAW
OFFICE OF THE REGISTRAR

NOTIFICATION OF CHANGE IN EMPLOYMENT STATUS

NAME: (LAST)	(FIRST)	(MI)
SSN:	DAYTIME PHONE:	

My change in employment status became effective on _____
Date

I (AM / AM NOT) ENGAGED IN OUTSIDE EMPLOYMENT.

If affirmative, please provide the following:

Employer: _____

Supervisor: _____

Address: _____

Number of Hours

working per week:

Phone: _____

I (DO / DO NOT) GIVE PERMISSION FOR STCL TO CONTACT MY EMPLOYER FOR THE PURPOSE OF VERIFYING THE NUMBER OF HOURS I WORK PER WEEK.

I HAVE READ ALL OF THE REGULATIONS AND COURSE DESCRIPTIONS AS THEY APPEAR IN THE ACADEMIC REGULATIONS AND CURRICULUM FOR THE CURRENT SEMESTER, UNDERSTAND THAT ALL RULES AND PREREQUISITES WILL BE APPLIED STRICTLY, AND VERIFY THAT I AM IN COMPLIANCE WITH THOSE APPLICABLE TO ME.

Date

Student Signature