



# ENROLLMENT AGREEMENT

Moreno Valley College  
Student Employment

Student Employment office use only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
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**Student Section: to be completed by the student** *(Incomplete information will cause a delay in processing this form)*

Academic Year 20\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Student Name – As Printed on Social Security Card (Please Print)

\_\_\_\_\_  
Hiring Site Name

XXX - XX -

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Supervisor Name (Please Print) Phone # and Extension

Special Circumstances: \_\_\_\_\_

I \_\_\_\_\_, certify that I will enroll and attend Moreno Valley College for the following semester(s) selected below:

As Printed on Social Security Card

- Fall with Late Start    
  Fall    
  Spring    
  Spring with Late Start

Failure to enroll and attend the above checked semester at least half-time could jeopardize future assistance for which I apply. A copy of my **Student Education Plan (SEP)** has been attached, and below are the projected classes I intend to take for the semester indicated above **OR I am registered for the semester indicated above in the late start class(es) listed below and agree to attend:**

\_\_\_\_\_  
\_\_\_\_\_

The total number of registered units  
(Currently attending and late start units) \_\_\_\_\_ for the above term.

This form is for the purpose of maintaining student employment with Moreno Valley College. This Document will be kept on file as evidence of my intent. I must be enrolled at least half-time during the semester stated above (Fall or Spring in 6 or more units). By signing below, I agree to the terms as stated above and that all information is accurate and true.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Supervisor Section: to be completed by the supervisor** *(Incomplete information will cause a delay in processing this form)*

This form is for the purpose of maintaining student employment for the above-named student with Moreno Valley College. This document will be kept on file as evidence of the student's intent. Students must be enrolled at least half-time during the semester stated above (Fall or Spring in 6 or more units). By signing below, I agree to continue employment of the above-named student in accordance with the terms stated above.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Before being approved all budgets that the student is hired in will be checked for funding availability.**