

Cal WORKS/GAIN WORK-RELATED ACTIVITY CHECKLIST

Student Name: _____ SID #: _____

Address: _____

Day Phone Number: (____) _____ Evening Phone Number: (____) _____

Term: _____ Major: _____ Minor: _____

CLASSES: _____ Hours per week: _____

CLASS-RELATED ACTIVITIES: _____ Hours per week: _____

JOB (Off campus): _____ Hours per week: _____

JOB (On campus – Work Study/Student Assistant): _____ Hours per week: _____

MAJOR-RELATED EXPERIENCE (clubs, groups, volunteerism): _____ Hours per week: _____

INTERNSHIP (Academic/Work): _____ Hours per week: _____

INDEPENDENT STUDY (Credit/Non-credit): _____ Hours per week: _____

Student Signature: _____ Date: _____

Note: Cal WORKS/GAIN participants should complete this form at the beginning of each term and return it to the Cal WORKS/GAIN Liaison Office, located in 130 Bayramian Hall.