

HARRIS-STOWE STATE UNIVERSITY
STUDENT WORKER PROGRAM

THE INSTITUTE FOR SCIENCE AND MATHEMATICS

Student's Printed Name: _____ HSSU Student ID: _____

Pay Period: _____ thru _____



By signing this form, I certify that I have contributed the required time to meet the expectations of my position as a Resident Advisor and that I did not neglect my studies at Harris-Stowe State University while doing so.

Student Signature: _____ Date: _____

By signing this form, I am verifying that the above RA has contributed the time and has met the expectations of their role in the Science and Mathematics Summer program and that they did not neglect their studies at Harris-Stowe State University while doing so.

Supervisor Signature: _____ Date: _____