

The City University of New York

CUNY SCHOOL OF LAW

Law in the Service of Human Needs

2 Court Square
Long Island City, NY 11101

Student's Class Schedule

Semester: Fall _____ Spring _____

Days of the Week	Courses	Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I am aware that as the Federal Work-Study supervisor, I am responsible for ensuring that the above student does not work during scheduled class hours indicated on this form.

Supervisor's Signature: _____ Date: _____