Self-Access Learning Centre

SALC Staff Application Form

Name:			_	
Date of Birth:				
KUIS ID Number: _	Put your photo here (this is essential)			
Department and M	ajor:			
Year: Freshman / 9 (Pease circle)	Sophomore / Junior / Ser	nior / Others ()	
Club Activity:				
	Hom o write the correct number a			
KUIS E-mail Addre	SS:	kuis.ac.jp		
Please list your pa	ırt time job experience (r	nost recent fir	st)	
Dates (from - to)	Employer (name)	Responsibilities		

Please	e write	a paragr	aph expl	aining WH	IY you wa	nt to be a	SALC stu	dent staf
 								

Please tick (\checkmark) the days and hours you would be able to work every week. Please tick as many boxes as possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00-10:00						
10:00-11:00						
11:00-12:00						
12:00-13:00						
13:00-14:00						
14:00-15:00						
15:00-16:00						
16:00-17:00						
17:00-18:00						
18:00-19:00						