



**Federal College Work-Study
Coahoma Community College
INTERVIEW FORM**

Student's Name: _____

Division/Department: _____

Office Location: _____

Supervisor: _____

Work-study Position: _____

Notes: _____

_____ Yes, I do accept _____

_____ No, I do not accept _____

If no, please give reason for denial: _____

Supervisor's Signature: _____