

**STATE TECHNICAL COLLEGE OF MISSOURI
INTERNSHIP HOUSING CREDIT FORM**

**MUST BE TURNED INTO THE RESIDENT MANAGER BY THE 4TH WEEK OF THE
SEMESTER**

**A COPY OF YOUR CURRENT SCHEDULE MUST BE ATTACHED IN ORDER TO
RECEIVE THE CREDIT.**

Maximum credit of \$250.00

STUDENT ID# _____ DATE _____

STUDENT NAME _____

SEMESTER _____ YEAR _____ MAJOR _____

Office Only:

Approvals: Housing Director _____ Business Office _____

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