

COLLEGE WORK STUDY PROGRAM
JOB REQUEST FORM

POSITION IS FOR: ACADEMIC YEAR _____ SUMMER _____

DEPARTMENT/AGENCY: _____

CONTACT PERSON: _____

PHONE #: _____

ADDRESS: _____

JOB TITLE: _____

PAY RATE: _____

CHARACTERISTIC DUTIES AND RESPONSIBILITIES: _____

MINIMUM QUALIFICATIONS: _____

DATE SUBMITTED: _____

MAIL TO: FINANCIAL AID OFFICE, STOKE HALL or FAX: 2-1947