



Work-Study Job Request Form

Supervisor Contact Information- Please complete all fields

DATE:

Supervisor Name:		Alt Supervisor Name:	
Supervisor Title:		Alt Supervisor Title:	
Building/ Room:		Alt Building/Room:	
Department:		Alt Department:	
Phone Number:		Alt Phone Number:	

Job Information

Job Title:	Work-Study	Work Location:		No. of Positions per semester:	1
Minimum GPA Requirement:		Term:			

Job Description:

Duties and Responsibilities:

Objective (What [skills, experiences] will the student develop in this position)?

Any changes to your job description will require a new Work-Study Job Request Form. This position will remain open until notified by the supervisor/work-study coordinator.

For Financial Aid Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Positions Approved: _____
Financial Aid Specialist: _____	Date: _____	

Please send your documents to:
Financial Aid Office
Arnulfo Oliveira Student Service Center