



COLLEGE OF MICRONESIA-FSM

SEG WORK-STUDY PROGRAM

ON-CAMPUS REQUEST FORM

Semester:

Summer _____ **Fall** _____ **Spring** _____ **All Year (Summer-Fall-Spring)** ☐

Department: _____

Requested by: _____

Work-Study Job Title: _____

Job Location: _____

Number of Positions Requested: _____

Required skills that applicant should possess in order to effectively carry out, and complete the job satisfactorily.

Provide detail job description of the student(s):

How would you plan to assist the student(s) gain additional knowledge and skills while undertaking his or her Work-Study with you?

Signed by: _____
On-Job Supervisor

Date: _____

Approved by: _____
Financial Aid Director

Date: _____