



# COLLEGE OF MICRONESIA-FSM

## FEDERAL WORK-STUDY PROGRAM

### ON-CAMPUS REQUEST FORM

**Semester:**

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ All Year (Fall-Spring-Summer)

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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.

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Provide detail job description of the student(s):

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

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Signed by: \_\_\_\_\_

On-Job Supervisor

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Financial Aid Director

Date: \_\_\_\_\_