



**COLLEGE OF MICRONESIA-FSM**  
**SEG WORK-STUDY PROGRAM**  
**ON-CAMPUS REQUEST FORM**

**Semester:**

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

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: \_\_\_\_\_