



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

Semester:

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

Employer: _____ Telephone No. : _____

Address: _____

Supervisor: _____ Title: _____

Number of Work-Study student(s) requested: _____

Work-Study Job Title: _____

Job Location/Site _____

Hourly Wage Rate: Will be set by Financial Aid Office depending on duties, job responsibilities, and in compliance with national and stage wage guidelines.

Indicate required skills for the job(s):

Provide detail job description of the student(s):

Requested by:

Print Name

Signature

Date

Approved by: _____

Financial Aid Director

Date