

**PRE-APPLICATION
For SEG WORK-STUDY
(For Screening Purposes ONLY)**

Last name: _____

Date applied: _____

First Name: _____

Email: _____

Gender: _____

Campus: _____

Class rank (check one)

Semester: _____

Fresh	<input type="checkbox"/>
Soph	<input type="checkbox"/>
3rd Year	<input type="checkbox"/>
4th Year	<input type="checkbox"/>

Proram/Major: _____

Credits enrolled: _____

Have you been approved for work-study before? Yes _____ No _____

IMPORTANT: Why are you interested in work-study?

Signature

Date:

INSTRUCTIONS

For National campus email this form to: yeetingt@comfsm.fm

For CTEC email this form to: yoneko@comfsm.fm

For Chuuk campus email this form to: cenlet@comfsm.fm

For Kosrae campus email this form to: eileens@comfsm.fm

For Yap campus email this form to: gertrudem@comfsm.fm

For FMI submit this form to Mr. Rufus Yaisolug

*******CHECK YOUR EMAIL FOR THE STATUS OF YOUR SUBMISSION*******