



OFF-CAMPUS FEDERAL WORK-STUDY PROGRAM STUDENT APPOINTMENT FORM

Please complete and return to NMU's Career Services at least one week prior to student's first day of employment:

Organization Name: _____

Name of Student to be Hired: _____
(last) (first)

Student's NMU IN: _____

Anticipated Date of Hire: _____ Hourly Wage \$ _____

Anticipated No. Hours/Week _____ Length of Assignment: _____

Please provide a brief description of the student's duties: _____

Name of Student's Direct Supervisor: _____

Will student be engaged in work that qualifies as Community Service according to Federal Work-Study regulations?

_____ yes

_____ no

Signature of Authorized Agency Coordinator: _____

Date: _____

Email to: careers@nmu.edu

OR

Mail to: Kara Cox, Career Services
Northern Michigan University
1401 Presque Isle Ave.
Marquette, MI 49855

For Office Use Only:

Date received: _____

Total FWS: _____

Anticipated FWS funds will end: _____

Semester credits: _____