

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:			
	dent to be Hired:(last) //U IN:	(first)	
		Hourly Wage \$	
Anticipated N	No. Hours/Week Length of	Assignment:	
Please provid	de a brief description of the student's o	duties:	
Name of Student's Direct Supervisor:			
Will student regulations?	be engaged in work that qualifies as Co	ommunity Service according to Federal Work-Study	
regulations.	yes	no	
Signature of Authorized Agency Coordinator:		Date:	
Email to:	<u>careers@nmu.edu</u>		
OR Mail to:	Kara Cox, Career Services Northern Michigan University 1401 Presque Isle Ave. Marquette, MI 49855		
For Office Use Or	nly:		
Date Received:			
Total FWS:			
Anticipated Awar	rd End:		
Semester Credits:			