

Student Information:

First Name:	Last Name:	Student ID:
Email Address:	Phone:	
Citizenship Status:		
Student Status:		

Emergency Contact Person:

First Name:	Last Name:	Mobile Phone:
Work Phone:	Address:	City:
State:	Zip:	

Financial Aid Information:

Type of Work:	Amount:	Aid Year:
Start Date:	End Date:	I-9:
Account Code:		

Employer Information:

Job Title:	Rate of Pay:	Department:
Index:	Index:	Restricted Fund?
Work Study Eligible?	Phone:	Location:

Approvals:

_____ Supervisor or Dept. Secretary (Print)	_____ Supervisor or Dept. Secretary Signature	_____ Date
_____ Sponsored Projects Administration (Print) - Required if work is funded with a sponsored project award.	_____ Sponsored Projects Signature - Required if work is funded with a sponsored project award.	_____ Date
_____ Student (Print)	_____ Student Signature	_____ Date

<u>Graduate Students Only:</u>	# of hours authorized to work: _____
_____ Graduate Office (Print)	_____ Graduate Office Signature _____ Date
<u>International Students Only:</u>	Legal Status _____
_____ International Programs Office (Print)	_____ International Programs Office Signature _____ Date

Form Instructions:

1. Student completes Student Information and Emergency Contact Person and digitally signs, sends to supervisor.
2. Employer completes Employer Information and digitally signs.
3. Sponsored Projects, Graduate, and International must approve if applicable
4. Email to Financial Aid: financial_aid@nmt.edu