



STUDENT REQUEST FORM



****Personnel hired through CIMAS is to perform research work****

NAME OF APPLICANT:

START DATE OF EMPLOYMENT:

END DATE OF EMPLOYMENT:

HOURLY OR MONTHLY PAY RATE:

OF HOURS PER WEEK:

ESTIMATED COST (fill in above blanks below):

_____ X _____ X _____ = \$

Hourly Rate x Hours/Wk. x # of wks. Total estimated.

APPLICANT'S FULL ADDRESS:

APPLICANT'S E-MAIL ADDRESS:

HOME PHONE:

WORK PHONE:

LAB DIVISION & WORK ROOM:

LAB ADVISOR:

ADVISOR'S PHONE:

BRIEF JOB DESCRIPTION: