



STUDENT REQUEST FORM



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

NAME OF APPLICANT:

START DATE OF EMPLOYMENT:

END DATE OF EMPLOYMENT:

PAY RATE:

OF HOURS PER WEEK:

WILL THE SALARY BE CHARGED TO TASK I:

IF NO, PLEASE SPECIFY FUNDING SOURCE:

APPLICANT'S FULL ADDRESS:

APPLICANT'S E-MAIL ADDRESS:

PHONE:

LAB DIVISION:

LAB ADVISOR:

BRIEF JOB DESCRIPTION: