Medical University of South Carolina
Federal Work Study Position Request Form

Number of Openings: _____1 _____ 2

Department Name: _____

Job Title: _____

Job Location: _____

Supervisor Title: _____

Supervisor Campus Address: _____

Preferred hours for applicant interview: _____

Work Hours: _____ Mornings _____ Evenings

_____ Afternoons _____ Weekends

Approximate hours per week (20 hours max) _____

Position Description: _____

_____

_____

Qualifications: _____

Academic/Career Benefit of Position: _____

_____

_____

Physical Requirement: _____

Supervisor signature: _____

_____

Financial Aid Use Only

_____ Date Received _____ Job Number _____ Grade