# Department/Employer Application



Submitted by: Date: Email: Phone: Department: Company or School: Please describe (briefly) the student’s role each year reflecting increasing responsibility:

Year 1

## Responsibility/Function

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# Year 2

## Responsibility/Function

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# Year 3

## Responsibility/Function

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Please describe how this role will support the student’s academic progress/experience:

Please provide your department’s student wages GL number to which this student’s employment will be charged **if overage occurs**:

***(Note: Of importance, each FIT student applicant must be work-study eligible. The student’s work-study award is converted into FIT dollars. Thus, your department will only be charged if you go over the allocated $2,300 annual award.)***

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# Department/Employer Application



## Your signature indicates your agreement with the following:

* That the department or employer is prepared to provide consistent and strong mentoring for individual students and is committed to a supervisor’s role as mentor and manager
* There is a clear plan for how the role will progress over the three years while maintaining ties to the student’s academic experience
* The employment role has clear ties to academics and, if not inherently academic, is approved by a faculty member
* The department agrees to monitor the students’ allocated award and not exceed the allocation; any student earning over their award will be charged to the supervisor’s department budget
* The department will adhere to all student employment guidelines
* The student must work a minimum of 5 hours per week; however, **no more than 20 hours per week during the academic year**

**Submitted by:**

Signature Name (Please Print) Title Date

**Faculty member signature, if an academic department:**

Signature Name (Please Print) Title Date

**Approval by Department Chair/Department Head or Supervisor:**

Signature Name (Please Print) Title Date

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