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*
Year 2
Responsibility/Function
Year 3
Responsibility/Function
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: You will only be charged if you go over the allocated $2,300 annual award)
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 or employer is committed to participating each year in the formal written evaluation process of the student’s work, which will be delivered to the student and submitted to the committee
- The department or employer will support the student’s participation in the parallel program
- The department agrees to submit a yearly summative report
- 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 (but no more than 20 hours per week during the academic year)

Submitted by:

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<th>Signature</th>
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Faculty member signature if not an academic department:

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<th>Signature</th>
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Approval by Department Chair/Department Head or Supervisor:

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Approval by Dean/Employer or Owner:

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