



College Work Study Program – Job Request Form

Position Is For: Academic Year _____ Summer _____

Department/Agency: _____

Contact Person: _____

Phone #: _____

Address: _____

Job Title: _____

Pay Rate: _____

Characteristic Duties And Responsibilities: _____

Minimum Qualifications: _____

Date Submitted: _____

Mail To: Financial Aid Office, UNH Manchester Or Fax To 641-4125, Attn: Kimberly Brown



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