

SUNY Downstate Medical Center
Office of Financial Aid
450 Clarkson Avenue, Room 1-114
Brooklyn, NY 11203-2098
(718) 270-2488

**Federal College Work-Study
Employment Interview Form**

Student Name: _____ Social Security Number _____
Address: _____ Expected Graduation Date _____
City State Zip Code Telephone Number _____

College: Medicine { } MED1 { } MED2 { } MED3 { } MED4
Nursing { } Undergraduate { } Graduate
CHRP { } Diagnostic Med. Imaging { } Health Info. Mgmt. { } Midwifery
{ } OT { } PT { } PA
Graduate Studies { }

Supervisor's Name: _____

Department of Employment: _____ Payroll Account # _____

Location: _____ Telephone: _____ Box#: _____

Period of Employment: From _____ To _____

Job Title: _____

Job Description: _____

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

For Office of Financial Aid Use Only			
Approved by _____	Date _____	Award \$ _____ academic year	Rate of Pay \$ _____ per hour