



SUNY DOWNSTATE MEDICAL CENTER

Federal College Work-Study Employment Interview Form – Supervisor only

Student Name: _____ Student ID #: _____

Address: _____

Date of Birth: _____ Phone: _____ Expected Graduation Date: _____

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: _____ Number of Hours per week: _____

Job Description: _____

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Financial Aid Office use only:

Start date: _____ Award amount: _____ Hourly rate: _____ Date: _____

Approved by: _____

[Office of Student Financial Aid](#)
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Brooklyn, NY 11203-2098
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Fax: (718) 270-7592
Financialaid@downstate.edu