



PLEASE COMPLETE ENTIRE FORM

Agency/Company Name _____

Address _____

City _____ ZIP _____

Phone _____ Fax _____

POSITION INFORMATION

Student Job Title _____

Assigned Supervisor or Mentor (Provides supervision/training) _____

Contact Phone and Email for Supervisor _____

Position Duties (Please briefly summarize

PAY DETAILS

Pay Rate/hour _____ Average # of hours/week _____

TERM(S) DESIRED

Fall (Late August)	Winter (January)	Summer I (May)	Summer II (July)

Return this form to:

Tina Felcyn
 Financial Aid Officer & Federal Work-Study Coordinator
 Student Financial Resources & Scholarships/
 Placement Services & Cooperative Education
 Oakland Community College
 2900 Featherstone Road, K-100
 Auburn Hills, MI 48326-2845
 cmfelcyn@oaklandcc.edu (248) 232-4642 Fax 248.232.4650