UNIVERSITY of RHODE ISLAND

WORK-STUDY FUND REQUEST 2008-2009

Office of Enrollment Services
University of Rhode Island
Green Hall, 35 Campus Avenue
Kingston, RI 02881-1303
Phone: 401-874-9500

SECTION A. Student information

Student name (last, first, middle initial)	Daytime phone number	Student ID number

Semester employment requested	Half- or full-time enrollment	Work-Study amount requested
❒ fall ❒ spring	❒ fall ❒ spring	

Supervisor's name (if currently employed on campus)	University department	Supervisor's phone number

SECTION B. Certification

❒ Decline/reduce my (give type of loan) loan from to

Student signature	Date