

Student Information

Last Name, First Name

Research Work-Study Agreement Academic Year 2019-2020

Students should complete and sign the Research Work-Study Agreement, obtain faculty signature, and return to k.calzada@northeastern.edu and CC faculty.

NUID
Level (Graduate, Undergraduate)
Major or Academic Program
Student Job Title (i.e. Research Assistant)
Start Date
End Date
Semester (Fall, Spring, Summer 1, Summer 2, Summer Full)
Faculty Information
Last Name, First Name
Academic Department
<u>Schedule</u>
Days and Times Scheduled to Work (i.e. Mon/Wed 2-5 pm)
Total Hours Per Week
Information about Federal Work-Study may be found on the <u>Northeastern Student Financial Services</u> website.
Agreement By signing this Agreement, I agree to the work-study arrangement above, including the start and end date, the weekly work schedule, and the total number of hours worked. If schedule or hours require adjustment at any time, I will contact CAMD's Assistant Dean for Research Development Katherine Calzada at k.calzada@northeastern.edu .
Student Signature Date
Faculty Signature Date