

School of Public Health Student Worker Application

Type of Student Position:	Student Worker	Other
Position Start Date _____	Position End Date _____	

Application Approval Flow:

From:	Student/Applicant Name	<input style="width: 95%;" type="text"/>
Through:	Prospective Employer/Faculty	<input style="width: 95%;" type="text"/>
To:	Office of Student Services	<input style="width: 95%;" type="text"/>
CC:	Department Chair	<input style="width: 95%;" type="text"/>

Instructions: Please review the School of Public Health document [Student Employment Opportunities and Procedures](#) for further information.

- 1) Discuss the details of the student worker position with a faculty member/administrator.
- 2) Complete this application to include details respective to requested position.
- 3) Both student and faculty/administrator/supervisor must sign the application.
- 4) Provide correct funding source information.
- 5) Submit completed application to Office of Student Services (OSS) and provide a copy to applicant's department chair.

Student name:		WVU student #:	
Student e-mail:			
Complete the most appropriate box below regarding GPA:			
Graduate GPA:		Undergraduate GPA: <i>(First semester students only)</i>	
Department enrolled in:	<input type="checkbox"/> <i>Biostatistics</i> <input type="checkbox"/> <i>Epidemiology</i> <input type="checkbox"/> <i>Health Policy, Management and Leadership</i> <input type="checkbox"/> <i>Occupational and Environmental Health Sciences</i> <input type="checkbox"/> <i>Social and Behavioral Sciences</i>		
WV Resident:	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i>	Semester/year: (check one)	<input type="checkbox"/> <i>fall</i> Year: <input type="checkbox"/> <i>spring</i> <input type="checkbox"/> <i>summer</i>
Faculty e-mail:		Faculty Department:	
Funding source:		Grant name or funding number:	

Completed by Student and Faculty

1) Describe how this position will enhance your public health education. Be clear and concise.

2) Describe the responsibilities, roles and activities you expect the student to assume.

3) For new positions: List performance expectations (outcomes):

4) Rationale for this Student Worker position.

5) For positions that are continuing, please evaluate the student's performance outcomes to date. Be specific.

NOTE:

Attach a copy of the courses you have completed and for which you are registered (for the application semester) from MIX or DegreeWorks.

[Type text]

Completed by Student:			
Additional comments by student:			
Student Signature:		Date:	
Completed by Faculty:			
Additional Supporting Rationale and Rate of Pay:			
Does the position also provide any tuition support (remission or reimbursement)? If yes, indicate amount.			
Signature:		Date:	
Completed by the Associate Dean of Finance and Administration			
<input type="checkbox"/> Sufficient funds available in identified funding source <input type="checkbox"/> Sufficient funds not available			
Explanation (if needed):			
Signature:		Date:	
Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny			