

**SUMMER STUDENT RESEARCH PROGRAM APPLICATION
WORK STUDY**

Students applying for work-study projects should contact Cynthia Hamlett-Robinson in the Student Financial Aid Office (ADMC 1208) to check eligibility and fill out or update the necessary financial forms.

Student Name _____ Email _____
(Last, First)

Permanent Mailing Address _____
(Street)

(City) (County) (State) (Zip Code)

Daytime Telephone _____ SS#: _____

Summer Address _____
(Street)

(City) (County) (State) (Zip Code)

Student's Signature _____

SPONSOR ACKNOWLEDGEMENT

Sponsor Name _____ Email _____

Department _____

Project Title _____

Sponsor's Signature _____

RETURN THIS FORM TO:
Ms. Giovanna Comer
Office of Research and Sponsored Programs, MSB, C690
Telephone: 973-972-7090 Fax: 973-972-3585
Email: comergi@umdnj.edu