## MORGAN STATE UNIVERSITY STUDENT WORK PROGRAMS JOB DESCRIPTION

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

POSITION NAME:			EMPLOYMENT TYPE:
			□ WORKSTUDY
DEPARTMENT/AGENCY NAME:			☐ COMMUNITY SERVICE
			☐ TUTORIAL
			☐ CAMPUS EMPLOYMENT
PURPOSE OF POSITION:			
TYPICAL DUTIES:			
OFFICE EQUIPMENT REQUIRED:			
SUPERVISION RECEIVED:			
		LITTLE CURENITATION DECI	MDED
SUPERVISION REQUIRED		LITTLE SUPERVISION REQ	JIKED
☐ SOME SUPERVISION REQUIRED		RARELY NEEDS SUPERVISI	ON
QUALIFICATIONS:			
CONTACT INFORMATION:			
CONTACT PERSON:			
LOCATION:			
TELEPHONE:	FAX	:	
EMAIL:	•		
OPENING DATE:		CLOSING DATE:	