



## Roseman University of Health Sciences Federal Work Study Interview Form

Student Name: \_\_\_\_\_

Position Interviewed for: \_\_\_\_\_

Organization: \_\_\_\_\_

### Employer Instructions:

Please answer the following questions, sign and date this form, and send it to Roseman University Financial Aid via fax: (702)968-1631 or email: [financialaid@roseman.edu](mailto:financialaid@roseman.edu).

1. Would you like to hire this student?                      **Yes**    or    **No**

- *If **yes**,*

- Are you rehiring this student or is this a new hire?                      **Rehire**    or    **New Hire**

- What is the student start date? \_\_\_\_\_

2. Do you have any comments regarding the interview or any further questions for us?

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Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_