



Roseman University of Health Sciences Job Request Form

Name of Organization: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Email: _____

Job Title: _____

Suggested Pay Rate: _____

Work Schedule (days & time): _____

Start date: _____

Additional Work Schedule Information: _____

I. **Qualifications:** What type of student are you requesting? Dental MBA Nursing Pharmacy

II. **Job Duties:**

III. **Additional Information/Physical Requirements:**

Employer Signature: _____

Date: _____