



## 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: \_\_\_\_\_