



Grant Summer Non-Teaching Contract

Please return this contract to the
Office of the Dean

Position _____

FUNDING SOURCE

FOAPALS: Fund _____ Org _____ Account _____ Program _____

Name and Address:

Date: _____

Rowan ID _____

Department/Grant Name _____

Beginning Date _____

Ending Date _____

Assignment: (attach supporting documents)

Compensation \$ _____

Signatures:

Director of Program _____ Date _____

Dean's Approval _____ Date _____

I accept the terms of the assignment as stated above.

Signature _____ Date _____