STUDENT SUMMER CONTRACT
(ie, Summer Camps, Summer Research, Conference & Events)

ROWAN UNIVERSITY
GLASSBORO, NJ 08028

FUNDING SOURCE:

FOAPALS: Fund __________ Org __________ Account __________ Program ______

Name and Address:

Date: ______________ ID #: __________________

Department/Grant Name: __________________________________________________________

Beginning Date: ____________________ Ending Date: ____________________

Project Scope:

NON-HOURLY RATE STUDENTS ONLY
*Payments are biweekly throughout the summer.
*Supervisors are responsible for tracking hours.

Compensation: $________________

Signatures:

Director of Program: ___________________________ Ext. ______ Date: __________

Department Head: ___________________________________ Date: __________

Dean Approval: ___________________________________ Date: __________

Provost/VP Approval: ____________________________ Date: __________

I accept the terms of the assignment as stated above.

__________________________________________ ________________________
Signature Date