STUDENT SUMMER CONTRACT
(ie, Student Summer Research)

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.

__________________________________________ Date__________
Signature