

GRADSWEP STUDENT SELECTION FORM

	Please return the compl	eted form to: sgs@mun.c	а						
				Semester:					
Grant Holder:	Grant Holder: Phone No.:								
Department:				Fall 2025					
Job ID Number: (see top left	ob ID Number: (see top left hand corner of Orbis Posting Detail tab):								
PLEASE COMPLETE TH	E FOLLOWING SECTION								
I can confirm the following	g:								
The student is currently	registered full-time graduate	student at Memorial Unive	rsity						
The student will not we applicable semester)	ork more than 150 GradSWEP	hours in a semester (75 hou	urs per position du	uring the					
maximum allowable er	udent that they must abide by mployment hours, currently se xceed the maximum allowable	t at 24 hours per week (i.e.,	a GradSWEP posi	ition will not					
Grant Holder's/Administrativ	ve Signature:								
address and place an "X" i	ve been hired for this position for indicate number of hours):							
Student Name	Student Number	Student Email	75 hrs.	150 hrs.					
	I		<u> </u>	1					

It is imperative to complete the section (FOAP) for transfer of funds and return during the students' first week of work. Please notify us as soon as possible if the student(s) are unable to complete the hours specified. Payroll processing for GradSWEP students is submitted to the School of Graduate Studies. Email sgs@mun.ca for more information.

FUND					ORGANIZATION						ACCOUNT						PROGRAM				