Department of Radiology & Imaging Sciences

Student Hiring/Volunteer Approval Form

1) Faculty member ____
2) Student name ____
3) Student's Affiliation ____
4) Student's date of birth ____
5) Type of position
   a. Funded _______
   b. Coursework/academic credit _______
   c. Volunteer _______
6) Onboarding date ____
7) End date ____
8) Position activities/tasks ____

____
____
____
____
____
____
____
____
____
____
____
____

___________________________ ______________________________

Faculty member Signature Date

___________________________ ______________________________

Department Chair Signature Date