



City University of New York  
695 Park Avenue; New York, NY 10065

Office of Financial Aid  
Room 241 North  
Tele.: 212-772-4820  
Fax: 212-650-3666

# FWS Intent to Hire

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I intend to hire the following student:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last 4 digits of SS #: XXX-XX-\_\_\_\_\_

Hire Period:  Academic Year 2013-2014

Summer 2013

Fall 2013

Spring 2014

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Department: \_\_\_\_\_

FWS Job Title: \_\_\_\_\_

Supervisor' s Name (print): \_\_\_\_\_

Supervisor' s Signature: \_\_\_\_\_

Date: \_\_\_\_\_