

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

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

**NOTICE OF INTENT TO REEMPLOY**

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

This is to certify that it is mutually agreeable to the parties signing this form for the above named student to work during the 2005-2006 year. It is understood that final assignment is subject to the student qualifying for Federal Work Study, and that the student's work continues to be satisfactory.

Student Signature: \_\_\_\_\_

FWS Contact Person Signature: \_\_\_\_\_

**RETURN TO: Jo Anne P. Foster  
220 Killian Annex  
Cullowhee, North Carolina 28723**