



Scholarship and
Financial Assistance
Office

STudent Assistantship and Resource Training (START) 2 Program

CONSENT FORM

Academic Year / Term _____

Name of Student _____
(LAST NAME, FIRST NAME, MIDDLE NAME)

ID number _____ Degree Program _____

I understand and agree under the START 2 Program:

1. That _____(Name of Company) will be my employer and during my hours of work, I am subject to the Company's control and supervision;
2. That I will follow the policies, rules, regulations, reasonable work-related orders, and instructions of the Company;
3. That while at work, I am still subject to the disciplinary authority of the University for my misconduct that involves my status as a student or affects the good name or reputation of the university; and
4. That I voluntarily sign this consent form on _____.

Student's Signature over Printed Name

With our Conformance:

Signature over Printed Name of Parent-on-Record

Severina V. Kikuchi
Director, Scholarship and Financial Assistance Office