

WORK STUDY ADJUSTMENT FORM



I want to: Reduce Increase Deny by the following amounts:
(Check the quarters that apply and list amount):

16/SU _____

16/FA _____

17/WI _____

17/SP _____

If you are reducing or increasing your work study award, you are required to get supervisor signature before submitting to financial aid for processing.

If you are denying your work study award and currently have a job, you are required to get supervisor and human resource signatures before submitting to financial aid for processing.

If you are denying your work study award and do not currently have a job, only your signature is required before submitting to financial aid for processing.

By signing below I acknowledge that I am changing my work study award, which may affect my ability to continue working.

Print Name _____ Student ID# _____

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Human Resources Signature _____ Date _____

Office Use Only • Intake – Please Initial and Date

Rec'd by: _____ Date: _____