

# WORK STUDY ADJUSTMENT FORM



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

15/SU \_\_\_\_\_

15/FA \_\_\_\_\_

16/WI \_\_\_\_\_

16/SP \_\_\_\_\_

If you are cancelling your work study award, you are required to take this form to your Supervisor for signature, then to Human Resources for a signature. Once both departments have signed the form bring the form back to the Financial Aid Office for processing. Once the form is received by Financial Aid the form will be processed after pay roll has processed.

If you are reducing or increasing your award, you are required to take this form to your Supervisor for signature. Then bring the form back to the Office of 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: \_\_\_\_\_