

2019-2020 WORK STUDY ADJUSTMENT FORM



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

19/SU _____

19/FA _____

20/WI _____

20/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 _____

If you are requesting to reduce/deny work study funds, would you like to increase your Grad PLUS Loan?
YES NO

Office Use Only • Intake – Please Initial and Date

Rec'd by: _____ Date: _____