**Office of Financial Aid**

**Work Study Request Form**

<table>
<thead>
<tr>
<th>Term</th>
<th>Work Study Requested</th>
<th>Estimated number of hours per week you will work</th>
<th>Estimated number of weeks during the term you will work</th>
<th>This Column For Financial Aid Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
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<tr>
<td>Fall</td>
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<tr>
<td>Break</td>
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<tr>
<td>Spring</td>
<td></td>
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</tr>
</tbody>
</table>

**EMPLOYER INFORMATION – THIS SECTION MUST BE COMPLETED**

Campus Department or Off Campus Agency: __________________________

Supervisor’s Name: __________________________ Telephone: __________________________

Expected Hourly Wage: __________________________ Start Date: __________________________

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I certify that the above information is correct to the best of my knowledge and I understand that I must notify the Office of Financial Aid if any of this information changes.

Student Signature: __________________________ Date: __________________________

**For Financial Aid Office Use Only**

Action Taken: ____________________________________________________________

Comments: ______________________________________________________________
________________________________________________________________________
________________________________________________________________________

Counselor Signature: __________________________ Date: __________________________