Financial Aid Office

Request for New Work Study Position

Department: _____ Supervisor: _____

Approximate Hours Per Week: _____ Position Title: _____

Detailed Rationale for additional/new position in your department:

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Supervisor's Signature:_____ Date: _____

Please return this form to the Financial Aid Office, together with a Job Description form. Incomplete requests will be returned. If you have any questions please contact the Financial Aid Office.

Requests will be reviewed by the Financial Aid Office and the department advised if it is approved.