



Financial Aid Office Additional Work Study Hours Request Form

Student's Name: _____ ID Number: _____

Department: _____ Supervisor: _____

Total Number of **additional** hours requested: _____

(Please include the total amount for the entire academic year, NOT how many hours a week)

The students' work-study award is generally for the Fall and Spring semesters. Please take this into consideration when making your request. Work-study students can work no more than 20 hours a week while classes are in session. *

I understand that an increase in work study hours may limit my eligibility for loans and other funds.

Student's Signature: _____ Date: _____

Supervisor's Rationale for increased hours: _____

Supervisor's Signature: _____ Date: _____

Please return this form to the Financial Aid Office. Incomplete requests will be returned. Allow two weeks for decisions to be made. Contact the Financial Aid Office with questions.

For office use only:

Number of hours requested: _____ x \$7.00 = Total Dollar Amount: _____

Approved

Amount Approved: _____

Denied

Comments: _____

Initials: _____