



FEDERAL WORK-STUDY DEPARTMENT REQUEST FORM

Year: Fall _____ - Spring _____

Department: _____ Cost #: _____

Location: _____ Ph. EXT: _____

Supervisor Name(s): _____

Total number of **New** Students for Department: _____

(Indicate the number of new student hires to be appointed to your department)

Total number of **Returning** Students for Department: _____

(Indicate the number of continuing student to be reassigned to your department)

Grand Total of Student Workers Requested by Department: _____

(Indicate the number of new student + returning students requested)

All departments requesting Federal Work Study students must have a Work Study Job description on file with the Financial Aid Office for continual Work Study student placement.

Please Note: All returning students requested must have been awarded Work Study by Banner Web

Departmental Supervisor Printed Name: _____ Date: _____

Departmental Supervisor Signature: _____ Date: _____

**PLEASE BE REMINDED THIS REQUEST DOES NOT GURANTEE A STUDENT WILL BE ASSIGNED.
UPON COMPLETING THIS FORM, PLEASE SUBMIT TO:
THE OFFICE OF STUDENT FINANCIAL AID IN ROOM 360 XU SOUTH**