FEDERAL WORK STUDY REQUEST FORM

Department: Number of Students Requested:

Dept. Org. Code: Hours Available:

Contact Person: Days

Phone Number: Nights

Location: Weekends

Email Address:

*If there are specific students you would like re-assigned to your dept. please attach a separate sheet. You may also specify students you do not want to return.

Position Description:

Requirements/Special Skills:

Please update the information on this form, if necessary, then sign and return to the Financial Aid Office.

_________________________________________  __________________
Signature                                         Date