

Work-Study Re-Evaluation 2021-2022

Name: _____	
Date of Birth: _____	MSU ID#: _____
E-mail: _____	Phone Number: _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
Signature: _____	Date: _____

Indicate the semester to which this re-evaluation applies:

- Fall 2021
 Spring 2022
 Summer 2022

I Would Like To:

- INCREASE** My Work-Study Award (If I am eligible and **funding is available**)
 CANCEL ALL My Work-Study
 REDUCE My Work-Study
 CHANGE TYPE of Work-Study Funding (Please provide reason for change, as well as new supervisor information, including name, email address and phone number if you are changing employers.)

Are You Currently Employed?

- No**
 Yes - Your supervisor must sign the certification on the back of this form acknowledging the cancellation, reduction or increase of work-study funds.

Please indicate the amount you want Cancelled, Reduced or Increased

Fall	\$ _____	Spring	\$ _____
		Summer	\$ _____

WE WILL NOT REDUCE YOUR WORK-STUDY TO LESS THAN \$1500 FOR A SEMESTER

FORM CONTINUED ON BACK

Supervisor acknowledgment:

I agree to the requested adjustment and affirm that I will monitor this student's work-study funds accordingly.

Supervisor Printed Name: _____

Campus Box #: _____ Phone #: _____

Supervisor Signature: _____ **Date:** _____