

Work-Study Re-Evaluation 2022-2023

Name:			
900#:		Employer:	
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 2022
 Spring 2023
 Summer 2023

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	\$		

**Summer Workstudy funds cannot be requested until APRIL.*

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: _____

Supervisor's Position/Title: _____ Department/Office: _____

Supervisor's Email: _____ Phone #: _____

Supervisor Signature: _____ **Date:** _____