Student's Name		Student's ID #
FEDERAL WORK-STUDY		
REQUEST FOR FEDERAL WORK-STUDY (Check all applicable terms)		
	Spring	
If you are a returning FWS student please complete the following:		
FWS Job title Hourly Rate \$		
Supervisor's name	Title	
Department	Extension	
REQUEST FOR FEDERAL WORK-STUDY ADJUSTMENT		
Cancel: Fall	☐ Spring	☐ Summer
Increase:	☐ Spring	Summer
Decrease:	Spring	Summer
FEDERAL DIRECT LOANS		
REQUEST FOR ADDITIONAL LOAN		
☐ Subsidized Loan ☐ Maximum Eligibility –or- ☐ \$ (specify amount)		
☐ Unsubsidized Loan	☐ Maximum Eligibility –or- ☐ \$ (specify amount)	
☐ Additional Unsubsidized Loan ☐ Maximum Eligibility –or- ☐ \$ (specify amount)		
REQUEST TO CANCEL LOAN		
☐ Entire Loan Award		
☐ Subsidized Loan	□Fall □S	pring ☐Summer
☐ Unsubsidized Loan		pring □Summer
Additional Unsubsidized Loan	∏Fall ∏S	pring Summer
REQUEST TO DECREASE LOAN AWARD		
☐ Subsidized Loan	☐ Decrease to \$	(specify amount)
Unsubsidized Loan	☐ Decrease to \$	(specify amount)
Additional Unsubsidized Loan	☐ Decrease to \$	(specify amount)
The person signing this form certifies that all the information reported on it is complete and correct.		
tudent Signature: Date:		
FOR OFFICE USE ONLY Approved Denied		By: Date: