

# WORK-STUDY DEPARTMENT TRANSFER FORM

*Current department use only:*

## RELEASE SECTION

STUDENT'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

TRANSFERRING FROM DEPARTMENT \_\_\_\_\_

RELEASED FROM DEPARTMENT: \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE

Students will be reassigned based on departmental need as determined by the Office of Financial Aid. Please advise the student, when completing this form, that they will not be able to choose the new department where they will be placed. This form is to be brought to Enrollment Services, 100 Admissions Center, and can normally be picked up by the student to take to the new department the following day.

COMMENTS: \_\_\_\_\_

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## STUDENTS:

PLEASE BRING TRANSFER FORM TO THE OFFICE OF FINANCIAL AID FOR REASSIGNMENT. (You will need to pick up the form to take to the new department the day after you drop it off—please allow at least 24 hours for processing).

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*For Financial Aid Use only:*

## REASSIGNMENT SECTION

REASSIGNED TO DEPARTMENT: \_\_\_\_\_

STARTING DATE OF EMPLOYMENT: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

FINANCIAL AID APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SUBMIT DOCUMENTS CHECKED: \_\_\_\_ I9 \_\_\_\_ W4/K4 \_\_\_\_ BACKGROUND CHECK CONSENT

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

*For new department use only:*

## ACCEPTANCE SECTION

*This section cannot be completed until the student has been reassigned by the Office of Financial Aid*

ACCEPTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE

If you wish to accept this student, please sign above and return this form, with required documentation attached, to Jeanette Johnson, 100 Admission's Center. The student will not be entered on your timecard until all paperwork is received and processed.