



## ON-CAMPUS WORK STUDY APPEAL REQUEST

Priority for On-Campus Federal Work Study goes to freshman and sophomores. Generally, Student Financial Services awards Off-Campus Washington State Work Study funds to eligible juniors and seniors who are permanent residents of Washington State as research indicates that off-campus employment or internships improve student marketability after graduation. To petition for an exception and request a Federal On-campus Work Study award for a junior or senior, BOTH the student AND the supervisor must complete their portions of this form. **Supervisors must attach a statement describing 1) how the student's on-campus position benefits the student and compensates for the lack of off-campus, career-related employment and/or internships; 2) why the student's services are important to the department; and 3) the department's efforts to make work study positions (and this position in particular) available to freshmen and sophomores.**

Priority consideration will be given to students for whom other employment opportunities are limited and take into consideration student eligibility, the best interests of the student, and the equitable distribution of On-Campus Federal Work Study funding. Additionally approval priority will be given to students returning to Level 2 or 3 positions where the pool of freshmen and sophomores with the appropriate qualifications is especially limited. Please send a separate request for each individual student. Notification of the outcome of the request can be expected within two weeks. Return the form to Student Financial Services.

### STUDENT REQUEST TO REVISE WORK STUDY

JR  SR

Student Name

SU ID #

Major(s)

Minor

Career Goal

I request that I be awarded on-campus work study (rather than off-campus work study or no work study).

Student Signature

Date

### SUPERVISOR STATEMENT OF SUPPORT

SU Department

Campus Location

Supervisor's Name and Title

Supervisor's Campus Extension

Student's Job Title

Approved SU Pay Level

Did the student hold this position during the previous academic year?

Yes

No

Supervisor Signature

Date

#### For SFS Office Use Only

Approved

Denied

Incomplete

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_