



Office of Financial Aid Services

FALL 2016-SPRING 2017

**OFFICE OF FINANCIAL AID SERVICES
REQUEST FOR FEDERAL WORK-STUDY STUDENTS**

Office/ Department: _____

Building & Room: _____

Term: Fall & Spring _____

FWS Supervisor: _____ Department Chair: _____

Supervisor Phone: _____ Supervisor QC
Email: _____

JOB SPECIFICS:

Position: Student Aide Number of Students Requesting: _____

Job Description: _____

Hours Needed: _____

Start Date: 08/25/16 End Date: 5/26/17

Min. Hours/wk.: _____ Max. Hours/wk.: _____

Weekend Hours: _____ Evening Hours: _____

**PLEASE LIST ALL STUDENTS' NAMES (WITH THEIR CUNY ID#) THAT
YOU WOULD LIKE ASSIGNED TO YOUR OFFICE (BASED ON FINANCIAL
AID ELIGIBILITY):**

Supervisor's Signature _____

Date _____

Chairperson/Director Signature _____

Date _____