

Work Study Deferment Option

By signing this form, I authorize the Financial Aid office to apply the percentage of my College Work Study earnings, with a maximum of 90%, directly to my student account. I understand that my student account will be credited the full percentage in the Fall as estimated earnings, but the Spring may be less depending on my work study account balance at the end of Fall. If I do not fulfill the estimated credit that I have received, my student account will be charged the balance at the end of my final semester of attendance for this academic year. In March, prior to registration, all accounts will be analyzed on an individual basis to make sure students will be able to fulfill their deferments. Some adjustments may be necessary at that time. If I fail to turn in two or more consecutive time sheets to the Financial Aid Office, the Student Accounts Office reserves the right to cancel my work study deferment and charge back the unearned portion of the work study deferment to my tuition account. I understand that I may rescind this authorization at any time. Should this authorization be rescinded, my student account will be charged for the unearned portion of the estimated credit, and I will no longer be eligible for work study deferment on my student account. The Student Accounts Office reserves the right to adjust accounts on an individual basis with notification. You have the right to appeal the adjustment.

If you have a credit balance based on your Work Study deferment we will wait until you have made the full amount of your deferment before issuing a refund.

<p>Summer 20 _____ Work Study Award \$ _____</p> <p>Students must have charges on their account to be eligible for a work-study deferment in the summer.</p> <p>Percentage of work study award to be applied to my account</p> <p>_____ % (Maximum 90%, Minimum 10%)</p>
<p>Fall 20 _____ Work Study Award \$ _____</p> <p>Percentage of work study award to be applied to my account</p> <p>_____ % (Maximum 90%, Minimum 10%)</p>
<p>Spring 20 _____ Work Study Award \$ _____</p> <p>Percentage of work study award to be applied to my account</p> <p>_____ % (Maximum 90%, Minimum 10%)</p>

This section must be completed	
If there is a credit balance on my tuition account I authorize the Student Accounts Office to move the credit to my work study account.	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
If my work study balance is satisfied in full I authorize the Financial Aid Office to stop my payroll deductions for the remainder of the semester.	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Prior to any action, you will be notified by e-mail. If you do not respond within 7 days the action will commence.	

Please Print Name _____ ID # _____

Student Signature _____ Date _____