SEATTLE UNIVERSITY

ENROLLMENT SERVICES
Office of Student Financial Services
901 12th Avenue, PO Box 222000
Seattle, WA 98122-1090

Tel: (206) 220-8020 Fax: (206) 296-5755
financialservices@seattleu.edu

ON-CAMPUS WORK STUDY REQUEST

Research indicates that off-campus employment or internships improve student marketability after graduation. Generally, Student Financial Services awards Off-Campus Washington State Work Study funds to eligible juniors and seniors who are permanent residents of Washington State. To 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.**

Notification of the outcome of the request can be expected within two weeks. 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.

STUDENT REQUEST TO REVISE WORK STUDY

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

RETURN THE COMPLETED FORM TO STUDENT FINANCIAL SERVICES: USVC ROOM 105

For SFS Office Use Only

☐ Approved ☐ Denied Initials: _____ Date: _____

Comments: _____