

**Federal Work-Study Waiting List Request Card**

**To be completed by the student:**

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

Banner #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of hours available per week: \_\_\_\_\_

Department(s) requested: \_\_\_\_\_

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**To be completed by the Office of Student Financial Aid & Veterans Affairs:**

GPA: \_\_\_\_\_ Requested on FAFSA: \_\_ yes \_\_ no

Enrollment status: \_\_\_\_\_ General campus job: \_\_ yes \_\_ no

EFC: \_\_\_\_\_ \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Amount Awarded: \_\_\_\_\_ Date: \_\_\_\_\_

Placement: \_\_\_\_\_