

# MTSU Financial Aid Federal Work-Study Program Request for Department Transfer

**Please Note:**  
All signatures are required. Form must be scanned and emailed to [fws@mtsu.edu](mailto:fws@mtsu.edu) or dropped off at the MT One Stop, SSAC 210

Demographic Information (Please print clearly!)				
Last Name:	First Name:	Student Id: M		
Email Address:	@mtmail.mtsu.edu	Phone: (     )		
Which semester do you wish to transfer? (e.g., Fall 2016)				
If transferring within a semester, what date will you begin working?				
Departmental Information (Please print clearly!)				
Current Department			Requested Department	
Department Name:			Department Name:	
Department Supervisor:			Department Supervisor:	
Email:	@mtsu.edu	Ext:	Email:	@mtsu.edu    Ext:
<b>Last Day Worked:</b>			<b>T Org#:</b>	
Please allow the above student to transfer from my department to another service area:			Please allow the above student to transfer to my department from another service area:	
Dept. Supervisor's Signature:			Dept. Supervisor's Signature:	
Student's Signature				
Please Initial the following statements:				
_____ I request that my Federal Work-Study placement be transferred from my current department to the above department.				
_____ I understand that I can only transfer once an academic year.				
_____ I understand that I must earn at least \$720 by the Spring semester for the current academic year to be eligible for a Federal Work-Study award for the next academic year. You must additionally complete a FAFSA by February 1, complete the verification process (if selected) by May 4, and meet financial need requirements according to the FAFSA to be eligible for a Federal Work-Study award next year.				
Student's Signature:			Date	
For Office Use Only:				
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments:		
FA Employee's Signature:			Date:	
<input type="checkbox"/> RJASEAR	<input type="checkbox"/> RHACOMM	<input type="checkbox"/> FWS Agreement Form		