

Norfolk State University
Financial Aid Office
Work-Study Placement Request & Signature Authorization Card

Student's Name: _____ SSN _____
Office: _____ Budget Code _____
Supervisor's Name _____
Bldg: _____ Rm # _____
Phone No. _____ Fax # _____

*The above named student has been awarded College work-Study for the academic year,
and the above named office agrees to employ this student for the academic term(s).*

(Department Head Signature) (Date)

*****Financial Aid Office Use Only*****

Program Code	Term Award Amounts
_____ Federal	Fall \$ _____
_____ NSU	Spring \$ _____
	Summer \$ _____

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*Individuals in this Department who are authorized to sign Work-Study timesheets other than
the student's supervisor and Department head are indicated below:*

	<u>Printed Name</u>	<u>Signature</u>
Person #1	_____	_____
Person #2	_____	_____
Person #3	_____	_____

Approval of work-study supervisor or Department Head

Signature _____ Date _____