

EAST TENNESSEE STATE UNIVERSITY
Office of Financial Aid and Scholarships
PO Box 70722
Johnson City TN 37614-0722
(423) 439-4300

FWS and RSWP Student Worker Intent to Re-Enroll Form

Student's Printed Name: _____ E-Number: _____

Department's Name: _____

Supervisor's Printed Name _____

Supervisor's Signature _____

During the period May 3, 2024 through May 15, 2024, I would like to maintain employment under the Federal Work Study Program and/or the Regular Student Work Program. The time worked during this period will count toward the FWS and/or RSWP award amount for Spring 2024.

It is the student's intention to enroll at least half time (6 credit hours) in the upcoming Fall 2024 semester. If at any time it is determined that the student will not be enrolling at least half time in the upcoming Fall 2024 semester, it is the student's responsibility to (1) notify the Office of Financial Aid and Scholarships, (2) notify the hiring department, and (3) to cease working. It is understood that the student will no longer be eligible to maintain employment under FWS and/or RSWP during this period.

Failure to notify the Office of Financial Aid and Scholarships and the hiring department of any changes in the student plans could be considered a violation of ethical standards and/or fraud. The student signature below certifies that this statement has been read, understood, and agreed to.

Student's Signature: _____ Date: _____

For Office Use Only

Enrolled Hours: _____

Processed By: _____ Date: _____