



UNIVERSITY
ST. *of* THOMAS
HOUSTON

College Work Study Decline Notice

Social Security#: _____ **or ID#** _____

I, _____ am declining the College Work Study Award
(last name) (first name) (M.I.)
offered to me for the 2009-2010 academic year. Please decline my College
Work Study for the Fall / Spring / Both semester(s) in the 2009-2010 academic
(circle one)
year. I understand that once I decline the College Work Study Award that was offered
to me, I may not be able to have it reinstated.

Student Signature

Date

FOR OFFICE USE ONLY

Received By _____ Date _____ Completed By: _____ Date _____
(Initials) (Initials)