Washtenaw Community College

Financial Aid Office 734-973-3523, fax 734-677-5281

Work Study Cancellation

Name: _____

Student ID Number: @_____

- ❖ I wish to cancel my work-study for the: (please check all that apply)

___Fall

___Winter

___Spring/Summer

___Fall and Winter

___Winter and Spring/Summer

_____I have not worked during any semester I am canceling.

_____I have worked for _____ _____
Name of supervisor telephone number

Last day worked: _____
Date

Signature: _____

Date: _____