

**Award Year 2024-2025**  
**OKLAHOMA STATE UNIVERSITY**  
**College of Osteopathic Medicine**  
**FINANCIAL AID - REQUEST FOR REVISION OF FWS**

NAME (please print): \_\_\_\_\_ Banner ID \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MS I       MS II       MS III       MSIV

**SELECT ONE OPTION BELOW:**  
**ADDING WORK STUDY**

**CANCELLING OR REDUCING WORK-STUDY**

**IF REQUESTING WORK STUDY BE ADDED TO AWARDS:**

- I AM REQUESTING FEDERAL WORK STUDY ADDED TO MY AWARDS. I UNDERSTAND THAT IF MY LOANS HAVE BEEN AWARDED TO THE COST OF ATTENDANCE, THEY WILL BE REDUCED BY THE AMOUNT OF FEDERAL WORK STUDY I AM REQUESTING.

**AMOUNT REQUESTED (whole dollars only – NO CENTS) \_\_\_\_\_**

- I HAVE COMPLETED A FWS CONTRACT AND UNDERSTAND I MUST COMPLETE PAPERWORK IN HUMAN RESOURCES BEFORE MY FIRST DAY OF WORK.

**IF REQUESTING WORK STUDY BE CANCELLED OR REDUCED FROM AWARDS:**

- I AM REQUESTING MY FEDERAL WORK STUDY BE CANCELLED AND MY LOANS INCREASED BY THE AMOUNT I HAVE NOT WORKED.

**TYPE OF LOAN (check one):**    Unsubsidized       Grad Plus

**AMOUNT REQUESTED (whole dollars only – NO CENTS) \_\_\_\_\_**

- I UNDERSTAND I CANNOT HAVE MY FWS REINSTATED ONCE IT HAS BEEN CANCELLED.
- I UNDERSTAND I MUST WAIT FOR THE FINAL PAYROLL FROM MY LAST DAY OF WORK TO BE PROCESSED BEFORE MY LOAN CAN BE INCREASED (COULD TAKE UP TO 4 WEEKS).
- I HAVE COMMUNICATED WITH MY SUPERVISOR MY INTENT TO VACATE MY POSITION AND THEIR SIGNATURE IS BELOW:

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE