

Award Year 2025-2026
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