

FEDERAL WORK STUDY
STUDENT RIGHTS AND RESPONSIBILITIES STATEMENT

STUDENT NAME: _____ SS#xxxx-_____

The Federal Work Study Program requires that you read and initial each item listed that refers to your rights and responsibilities on the

___ 11. I understand that I must be registered for 6 credits or more to use my FWSC award. If I drop below 6 credits, I must stop working. If I withdraw from all of my classes, I must stop working. If I graduate, I must stop working. If I take a leave of absence, I must stop working, c.c

___ 12. I will keep a copy of my FWSC contract and time sheets for at least 3 years.

13. If I choose to work off-campus, I understand that I will be responsible for the cost of my transportation to and from work. c.1 (r)3.5 (k)15.68 (f)9.02 (a)10.03.50