



**SUNY
DOWNSTATE
MEDICAL
CENTER**

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
E-Mail: financialaid@downstate.edu
Phone: (718) 270-2488
Fax: (718) 270-7592

2022-2023 Federal Work Study Increase Request Form

Section A

Student Name: _____ *ID#:* _____

Original Awarded Amount	Requested Amount

Reason: _____

Student Signature: _____

Section B: This section must be completed by your supervisor

Supervisors Name: _____

Supervisors Email Address: _____

Supervisors Telephone Number: _____

On average, how many working hours a week does the above student complete? ____

Please give brief job description.

Supervisor Signature: _____

Office use only:

Prior requests? _____

Comments:

Approved _____

Denied: _____

Officer's Initials: _____