

**Cornell College Office of Financial Assistance  
Work-Study Job Change or Split Form**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Id Number

A. The student is no longer working in \_\_\_\_\_ as of \_\_\_\_\_.  
Current Department Name Date

The student will be going to work in \_\_\_\_\_ as of \_\_\_\_\_.  
New Department Name Date

\*Any dollars not worked in the current department will be transferred to the new department.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

B. The student is going to split the work study award between \_\_\_\_\_  
Department Name

\_\_\_\_\_ and \_\_\_\_\_  
Dollar Amount Department Name Dollar Amount

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please print out and return to the Office of Financial Assistance.  
2<sup>nd</sup> Floor Wade House, 600 First Street West, Mount Vernon, IA 52314  
Ph. 895-4216 Fax: 895-4451**