

**Loyola University New Orleans  
Federal Work-Study  
Cancellation Form**

TO: OFFICE OF FINANCIAL AID/SCHOLARSHIPS

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ STUDENT IDENTIFICATION #: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT ASSIGNMENT: \_\_\_\_\_

Please **CANCEL** the above mentioned student's work study award.

- ( ) Fall Semester
- ( ) Spring Semester
- ( ) Academic Year

Reason for Cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WORK- STUDY COORDINATOR

\_\_\_\_\_  
DATE