



2023/2024 Work-Study Cancellation

(To be used to cancel for one or more semesters)

(Please Print Legibly in dark blue or black ink)

Student ID _____ Name _____
Phone # _ (____) _____ Email _____@student.cccs.edu
(Your student assigned email account is the only email to which we will correspond.)

I would like to Cancel my work-study:

Fall 2023 _____ **Spring 2024** _____ **Summer 2024** _____

Signature _____ **Date** _____
(Please sign, not type, your signature prior to submitting this request to the Financial Aid Office)