Change an Existing Student's Appointment

Off Campus Workstudy Appointment
Indiana University

This form must be completed by the off-campus workstudy agency.

Student legal name: _____

Student ID Number: _____ Student preferred name (optional): _____

Workstudy Assignment Type

Select one:
- ☐ Academic Year | Begin Date: _____ End Date: _____
- ☐ Summer Session | Begin Date: _____ End Date: _____

Select one:
- ☐ No change
- ☐ Regular Workstudy
- ☐ Reading Tutor
- ☐ Math Tutor
- ☐ Community Service
- ☐ 90/10 Community Service
- ☐ Other: _____

Pay Distribution

Account Number: _____ Workstudy Limit: _____

New Hourly Rate: _____ Previous Hourly Rate: _____

Effective Date of Action Start: _____ Effective Date of Action Stop: _____

Assignment Data

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____

Contact at Agency: _____ Contact's email address: _____

Prepared by (print name): _____

Signature: _____ Date: _____

Preparer's phone number: _____ Preparer's email address: _____