

STUDENT'S Last Name

## LOUISIANA TECH UNIVERSITY Office of Financial Aid

First Name

## Student Employment Drop Form 2026-2027

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

STUDENT'S CWID

This form is to be completed by the Supervisor and returned to the Office of Financial Aid when the employment of a student worker is discontinued FOR ANY REASON.

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| Reason for Discontinuing of Employment:  |   |               |
|--|---|---------------|
| Student Enrollment dropped below 1/2 time; 4 hrs Student cumulative GPA dropped below 2.0 (under Student has earned his/her full Work Study Eligib Student graduated Student withdrew from school Employment terminated but still in school Transferring student to another department Student not enrolled in Summer quarter, returning Other (please provide a full description in the Cor | ergrad), 3.0 (grad)<br>ility<br>g in the Fall |               |
| Comments:  |   |               |
|  |   |               |
|  |   |               |
|  |   |               |
|  |   |               |
| Department Name:   | Department Code:                              |               |
| Date Employment was discontinued:  | Federal Work Study Program                    | Regular Funds |
|  |   |               |
| Printed Name of Supervisor:  |   |               |
|  |   |               |
| Signature of Supervisor:   | Date:   |               |
|  |   |               |
|  |   |               |