

**SMITH COLLEGE**  
**Work Study Appeal Form**

- Name: \_\_\_\_\_
- ID: \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- Campus Box: \_\_\_\_\_
- Request for:  
    \_\_\_\_\_ exclusion of interterm hours from financial aid award  
    \_\_\_\_\_ increase in allowable work hours
- In the space below, please provide the reason(s) for your request.

- Student Signature \_\_\_\_\_
- Date \_\_\_\_\_

**SFS OFFICE USE**

\_\_\_\_\_ Request approved

\_\_\_\_\_ Request denied

\_\_\_\_\_ Interterm earning approved by \_\_\_\_\_

\_\_\_\_\_ Additional semester hours approved by \_\_\_\_\_

**Notes:**