

COAHOMA COMMUNITY COLLEGE



WORK-STUDY TERMINATION/TRANSFER FORM

Student's Name _____ SS# _____

Department _____

Supervisor: _____

Initiated by: (check one): Student Supervisor Effective Date: ___/___/___

Type of request (check one): Termination Transfer

Applicable Semester: Summer 1 Summer 2 Fall Spring Year _____

Reason for Termination or Transfer (*A reason must be given to process form.*)

Transfer requests will be based on current available positions and the student will be notified once the new Referral is ready for pickup.

I certify that the above-named student has been terminated or transferred as of the effective date.

Supervisors Signature

Date

Students Signature

Date