BOSTON UNIVERSITY WORK-STUDY OFFICE
881 Commonwealth Avenue, 2nd Floor
Boston, MA 02215
Phone: (617)353-3596 / Fax: (617)353-9200
E-Mail: wsoffice@bu.edu / Web Site: www.bu.edu/seo

WORK-STUDY DEFERRAL REQUEST FORM

Please defer my Work-Study award to the: __ **Spring semester (Academic Year Work-Study)**

__ **Summer 2 semester (Summer Work-Study)**

of the year: _____

I understand that deferring my Work-Study award will result in a decrease of my Work-Study award (the Work-Study award will be cut in half).

Name: _____

UID #: _____

Local Address: _____

_____

_____

Phone #: _____

E-Mail Address: _____

Reason for Deferral (please print or type):

Signature: _____ Date: _____

Please submit this completed form to the Work-Study Office by fax (617/353-9200) or inter-departmental mail (881 Commonwealth Avenue, 2nd floor).