

**Work Study Program Authorization Form  
University of the Sciences in Philadelphia  
2006-2007 YR**

Student: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Undergraduate: \_\_\_\_\_ Award Amount Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_ Award Amount Graduate: \_\_\_\_\_

The student listed above is eligible for participation in University of the Sciences in Philadelphia Federal Work Study Program. No student can earn more than the amount stated in this agreement. Should the student receive additional financial assistance from other programs, the Office of Financial Aid reserves the right to adjust or terminate this award.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervisor's Signature

Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Department #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_