



West Chester University
 Office of Financial Aid
 030 Kershner Student Service Center
 25 University Avenue
 West Chester, PA 19383

Phone: 610-436-2627
 Fax: 610-436-2574
 E-MAIL: finaid@wcupa.edu

**West Chester University
 Federal Work Study Student Employment
 Transfer Request Form**

Transfers are contingent on the availability of an opening in another department at the time of the request. As such, submission of this form does NOT guarantee a transfer to another department or the department of your choice.

Please provide (print):

Student's name: _____ WCU ID # _____
 Supervisor's name: _____ Telephone # _____
 Department name: _____
 Transfer initiated by: ___ Student ___ Supervisor

Please check reason(s) for the transfer.

Hours cannot be provided by: ___ The department ___ by the student
 ___ Student class schedule conflict
 ___ Conflict

Student prefers a different department. State reason _____

Department request the transfer of the student. State reason _____

Please state the name of the department and the reason you wish to be transferred to that department.

Department's name _____
 State reason: _____

 Student's Signature Date Current Supervisor's Signature Date

Please return this form to: **The Financial Aid Office**