

2100 16th Avenue South Great Falls, MT 59405 (406) 771-4334 • (800) 446-2698 Fax: (406) 771-4410 finaid@gfcmsu.edu www.gfcmsu.edu

Request for New Work Study Position

Department:	Supervisor:
Approximate Hours Per Week:	Position Title:
Detailed Rationale for additional/new position in your	department:
Supervisor's Signature:	Date:
Please return this form to the Financial Aid Office, to requests will be returned. If you have any questions pl	
Requests will be reviewed by the Financial Aid Office a	nd the department advised if it is approved.

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