

# Alcorn State University

## FEDERAL WORK-STUDY PROGRAM NOTICE OF DEPARTMENTAL JOB RELEASE FORM

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

Student Name: \_\_\_\_\_

The above named student is no longer employed by this department under the Federal Work -  
Study Program

Release Effective Date: \_\_\_\_\_

Reason for Release:

Job discontinued

Student's work is unsatisfactory. (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department Head's Signature

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

\_\_\_\_\_  
Student Signature (Optional)

\_\_\_\_\_  
Director of Financial Aid