

**Dakota Wesleyan University Work-Study Program
Federal Work-Study Waiver 2009-2010**

I, _____, understand I have been awarded federal work-study for the Fall and Spring semesters of the 2009-2010 school year at Dakota Wesleyan University and do not wish to participate in the work-study program. I understand this fund will be removed from my financial aid package and I will not receive any additional funding in place of the Work Study award.

Student Signature: _____

Date: _____

Work-Study Coordinator Signature: _____

Date: _____