Financial Aid & Scholarships Office
UNIVERSITY OF COLORADO **DENVER | ANSCHUTZ MEDICAL CAMPUS**

2026-2027 Work Study Increase Request Form

This form should be used to request an increase of work study funding for the semester or year. Work study can only be increased based on eligibility, including but not limited to need, cost of attendance, or funding availability. Submitting an increase request does not guarantee an increase can be completed.

Student Information:

Student Name: _____ Student ID: _____

Term requested:

- ☐ Fall 2026 - additional $1,000
- ☐ Spring 2027 – additional $1,000
- ☐ Summer 2027 - additional $1,000

☐ By checking this box, I (the student) authorize the reduction or cancellation of federal student loans that are offered or accepted to accommodate this work study award. I understand that this may create a balance that I am responsible for paying on my student account**.**

Employer Information:

Employing Department/Agency Name: _____

Supervisors Name (**Print Clearly**): _____

Supervisor's e-mail address:_____

By signing this form, I agree to requesting increased work study funding. I understand that this request does not guarantee additional work study funding and I will review my account regularly for updates.

_____ _____

Student Signature (required) Date

_____ _____

Supervisor Signature (required) Date

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.5969 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | FinAid@cuanschutz.edu