



**Minnesota
North College**
A Member of Minnesota State

2022-2023 Work-Study Adjustment Form

Minnesota North College
Financial Aid Office
1515 East 25th Street
Hibbing, MN 55746
Phone (Local): 218.293.6850
Phone (Toll free): 800.223.8068

Please complete the following form with your supervisors and submit it using the Work-Study Document Uploader on the Minnesota North Work-Study webpage.

Student Name _____

Tech / Star ID # _____

Section A: To Be Completed by the CURRENT Supervisor

_____ I have been informed that the student named above may need to reduce their work-study hours in their current position as _____ to accommodate their additional work-study position.

Student Position Title

Supervisor's Name (Please Print)

Date

Supervisor's Signature

Department

Section B: To Be Completed by the NEW Supervisor

_____ I have been informed that the student named above already holds another work-study position and therefore will need to work a reduced amount of hours in their new position as _____ to accommodate their other work-study position.

Student Position Title

Supervisor's Name (Please Print)

Date

Supervisor's Signature

Department

Section C: To Be Completed by the STUDENT

I accept the information indicated above, and agree to the terms of both positions with my supervisors.

Student's Name (Please Print)

Date