

Student Name (printed)

Work-Study Authorization

Minnesota North College Financial Aid Office 1515 East 25th Street Hibbing, MN 55746

Phone (Local): 218.293.6850 Phone (Toll free): 888.223.8068

Tech / Star ID _____

Student work authorizations are contingent on individual financial aid and enrollment department's allocation and needs. Students must maintain Satisfactory Academic enrolled at least half-time (6cr) throughout their employment. Students that have longer receiving financial aid are not eligible for work-study. Current work-study was students are paid bi-weekly. By signing below, I understand that work-study eligibility is a form of financial aid. necessary reduction in federal student loan eligibility to accommodate this financial aid.	c Progress and remain graduated and are no age is \$15.00/hour, and As such, I agree to any
necessary reduction in rederal student loan engionity to accommodate this infancial of	aid awaid.
1. Choose employment terms - OR - Dates:	
Fall Employment Begin date	
Spring Employment End date	
☐ Summer	
2. Campus:	
☐ Hibbing ☐ Mesabi Range-Virginia ☐ Rainy River	
Itasca Mesabi Range-Eveleth Vermilion	
3. Dept Position Cost C	enter
(if institutional	ully funded)
I have read, understand, and agree to follow the guidelines found in the Student Enhas been made available to me. I also agree to protect any private information I m study position and uphold all FERPA and confidentiality requirements, regardle Information on confidentiality can be found in the Student Employment Handbook of	ay encounter in my work- ess of my position type.
Student Signature Date	9
Supervisor Name (printed)	
Supervisor Signature Date	9