COAHOMA COMMUNITY COLLEGE

WORK-STUDY TERMINATION/TRANSFER FORM

Student's Name_____**SS#**_____

Department_____

Supervisor:_____

Initiated by: (check one): ☐ **Student** ☐ **Supervisor Effective Date:**_____/_____/_____

Type of request (check one): ☐ **Termination** ☐ **Transfer**

Applicable Semester: ☐ **Summer 1** ☐ **Summer 2** ☐ **Fall** ☐ **Spring** **Year**_____

Reason for Termination or Transfer

Transfer requests will be based on current