

**EAST TENNESSEE STATE UNIVERSITY**  
**Office of Financial Aid and Scholarships**  
**PO Box 70722**  
**Johnson City TN 37614-0722**  
**(423) 439-4300**

**FWS and RSWP Student Worker Intent to Re-Enroll Form**

Student's Printed Name: \_\_\_\_\_ E-Number: \_\_\_\_\_

Department's Name: \_\_\_\_\_

Supervisor's Printed Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

During the period May 8, 2026 through May 16, 2026, I would like to maintain employment under the Federal Work Study Program and/or the Regular Student Work Program. The time worked during this period will count toward the FWS and/or RSWP award amount for Spring 2026.

It is the student's intention to enroll at least half time (6 credit hours) in the upcoming Summer 2026 and/or Fall 2026 semester. If at any time it is determined that the student will not be enrolling at least half time in the upcoming Summer 2026 and/or Fall 2026 semester, it is the student's responsibility to (1) notify the Office of Financial Aid and Scholarships, (2) notify the hiring department, and (3) to cease working. It is understood that the student will no longer be eligible to maintain employment under FWS and/or RSWP during this period.

Failure to notify the Office of Financial Aid and Scholarships and the hiring department of any changes in the student plans could be considered a violation of ethical standards and/or fraud. The student signature below certifies that this statement has been read, understood, and agreed to.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

For Office Use Only

Enrolled Hours: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_