

Scholarship Service Placement Request for Department Transfer

To submit the completed form: **In person:** MT One Stop Student Services and Admissions Center (SSAC) – Room 210;
Mail: MTSU, MT One Stop, SSAC Room 260, 1301 East Main Street, Murfreesboro, TN 37132; **Fax:** (615) 494-7770. SCHSRV

Name: (Please print clearly!) _____ **ID # : M** _____

Email Address: _____ @mtmail.mtsu.edu **Phone:** (____) _____ - _____

Which semester do you wish to transfer? (e.g., "Fall 2013") _____

Please Note: If we need to contact you about your scholarship request or other matters, we will generally do so via your MTSU email address. Please be sure to check your MTSU email account on a regular basis throughout the year!

Use this form to request a department transfer only if you have an **academic scholarship** which requires service hours; this form is *not* applicable to the Federal Work-Study program. You will receive email confirmation that your request has been approved. If your request is for the *current semester* and you do not receive an approval email within 3 weeks, please contact the *MT One Stop* to ask about the status of your request.

Please Note: This form *must* be completed by the departmental supervisor, generally the department secretary; this may not be the supervisor for whom you work on a daily basis. Please check the service assignment letter you received in August, to determine who your departmental supervisor is.

Current Department <i>Please print clearly!</i>	Requested Department <i>Please print clearly!</i>
Dept. Name _____	Dept. Name _____
Dept. Supervisor _____	Dept. Supervisor _____
Email: _____@mtsu.edu Ext: _____	<i>Please remember that this must be the main supervisor for the Scholarship Service Program, not a sub-supervisor!</i>
Number of Hours Completed _____	Email: _____@mtsu.edu Ext: _____
Please allow the above student to transfer from my department to another service area.	Please allow the above student to transfer to my department from another service area.
_____	_____
Dept. Supervisor's Signature Date	Dept. Supervisor's Signature Date

Please Initial:

_____ I understand that this form must be submitted no earlier than two weeks before the end of the term if requesting a transfer for the next semester, and no later than June 1 if requesting a transfer for the fall semester.

_____ I understand that I can check the status of my waiver request in RaiderNet (go to the Financial Aid tab, then click on Eligibility).

_____ I request that my scholarship service placement be transferred from my current department to the above department.

_____ I understand that I will be notified by email that my transfer has been processed. I will contact the MT One Stop if I do not receive confirmation of the transfer within 3 weeks.

_____ I understand that I must complete 75 hours of service per semester. I may begin working 5 hours per week in the new placement at this time.

Student Signature: _____ Date: _____

For Office Use Only Approved Denied Comments: _____

Signature: _____ Date: _____

RJASEAR ROAMESG RRAAREQ Email to student & 2 depts