ACKNOWLEDGMENT AND WAIVER

This Acknowledgment and Waiver ("Agreement") is entered into on this _____ by and between _____ ("Student") and the Academic Advising Department of San Antonio College.

1. Acknowledgment of Federal Work-Study Allocation

The Student acknowledges that they have been informed of their federal work-study allocation for the academic year 2026-2027, which includes the Fall 2026 and Spring 2027 semesters. The calculated hours based on the allocated funds and applicable wage rates for this period total _____ hours per week.

2. Desire & Consent to Exceed Calculated Hours

The Student acknowledges, desires, and consents to work beyond the calculated weekly hours referenced above, understanding that doing so will result in the full depletion of their federal work-study funds prior to the end of the designated academic year or work-study period.

3. Loss of Work Eligibility Post-Funding Depletion

The Student understands and agrees that once the allocated federal work-study funds are exhausted, they will no longer be eligible to continue working under the federal work-study program, and their employment under this program will terminate.

4. Voluntary Decision to Exceed Hours

By signing this Agreement, the Student voluntarily chooses to work beyond the calculated weekly hours for their federal work-study award, with full understanding of the consequences. The Student acknowledges that they are making this decision freely, without coercion, and that the Advising Department has clearly communicated the risks and implications of this decision.

5. Hold Harmless Clause

The Student agrees to hold harmless and release the Academic Advising Department of San Antonio College, its officers, employees, agents, and representatives from any and all liability, claims, or damages arising out of or related to the Student's decision to work beyond the calculated federal work-study hours, including but not limited to the termination of employment upon depletion of federal work-study funds.

6. Final Agreement

The Student has read, understands, and agrees to the terms outlined in this Agreement. By signing below, the Student affirms that they understand the consequences of working beyond their calculated weekly hours and agrees to waive any claims or grievances related to the decision to continue working past the calculated hour limit.

Student Name:	_____	**Advising Department Representative:**	_____
Student Signature:	_____	**Signature:**	_____
Date:	_____	**Date:**	_____