

Office of Financial Aid

MAKING CHANGES IN FINANCIAL AID AWARDS



Student Name:	Student SS/ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student email:
Student Phone:	Student Alternate Phone:

IN WHICH SEMESTER ARE YOU CHANGING AWARDS? FALL SPRING SUMMER

I would like to **INCREASE** my **Subsidized Loan** award **FROM:** \$ **TO:** \$
(Freshman: \$500-\$3500, Sophomore: \$500-\$4500)
 INITIAL HERE:

I would like to **INCREASE** my **Unsubsidized Loan** award **FROM:** \$ **TO:** \$
(Freshman: \$500-\$3500, Sophomore: \$500-\$4500)
 INITIAL HERE:

I would like to **REDUCE** my **Subsidized Loan** award **FROM:** \$ **TO:** \$
(Freshman: \$500-\$3500, Sophomore: \$500-\$4500)
 INITIAL HERE:

I would like to **REDUCE** my **Unsubsidized Loan** award **FROM:** \$ **TO:** \$
(Freshman: \$500-\$3500, Sophomore: \$500-\$4500)
 INITIAL HERE:

I would like to **CANCEL** my **Subsidized** loan included in the Financial Aid Package. INITIAL HERE

I would like to **CANCEL** my **Unsubsidized** loan included in the Financial Aid Package. INITIAL HERE

I would like to **DECLINE** the following in my entire Financial Aid Package. INITIAL HERE

All Grants All Scholarships All Loans

STUDENT SIGNATURE:	Date:
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For these changes to take effect, you must sign and date this form then return it to the Office of Financial Aid.

FINANCIAL AID LOAN OFFICER USE ONLY		Date	Packaged By:	Independent or Dependent
COA 9	COA 4.5		Adjustments	
EFC		FINAID AWARDS		
LOAN AMT AWARDED		NEED		