

# Office of Financial Aid

MAKING CHANGES IN FINANCIAL AID AWARDS



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

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:** \$   
*(Dependent: \$500-\$2000, Independent: \$500-\$6000)*  
 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:** \$   
*(Dependent: \$500-\$2000, Independent: \$500-\$6000)*  
 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

<b>STUDENT SIGNATURE:</b>	<b>Date:</b>
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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		