



## Financial Aid Change Form Instructions

Student ID: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Graduation Date (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**First**

**Last**

- **Part A**— Request changes to the amount of your offered financial aid.
- **Part B**— Notify us of a grade change and have your loan eligibility re-evaluated.

**A. Aid Adjustment: If requesting a reduction in aid, please list the actual amount before loan fees. If requesting an increase, please refer to the list for the actual amount or put “Max” to have aid maximized. If requesting the full award to be canceled, just check the ‘decline award’ box.**

|                                    | Summer Requested Amount | Fall Requested Amount | Spring Requested Amount | Summer Requested Amount | Decline Full Award       |
|------------------------------------|-------------------------|-----------------------|-------------------------|-------------------------|--------------------------|
| Federal Stafford Subsidized Loan   |                         |                       |                         |                         | <input type="checkbox"/> |
| Federal Stafford Unsubsidized Loan |                         |                       |                         |                         | <input type="checkbox"/> |
| Alternative Loan                   |                         |                       |                         |                         | <input type="checkbox"/> |

**Federal Work Study Consideration:**

I am requesting Federal Work Study. Approval is based on FAFSA eligibility and availability of funds.

| B. Grade Level:  | Fall | Spring |
|--|------|--------|
| Indicate change of grade level in box (refer to chart on reverse side). Example: Freshman, Sophomore, etc. |      |        |

Please Note: Grade level advancement may result in additional Stafford loan eligibility.

If you do not want to be considered for increased Stafford Loan amounts, please check the box below:

I do not want to be considered for additional Stafford Loan funds.

**C. Enrollment Status: Less than full-time enrollment may result in loss of aid.**

|  | Fall                     | Spring                   |
|--|--------------------------|--------------------------|
| Number of credits you will take each semester. | _____ credits            | _____ credits            |
| I will not be enrolled.                        | <input type="checkbox"/> | <input type="checkbox"/> |

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_