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:

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

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

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

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

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

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

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

☐ All Grants   ☐ All Scholarships   ☐ All Loans

STUDENT SIGNATURE:	*Date:*

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	
SAP:		SULA:	