

**TEXAS A&M UNIVERSITY
COMMERCE**

FINANCIAL ASSISTANCE CHANGE REQUEST

A: GENERAL INFORMATION

1. NAME: _____ DATE: _____
2. ADDRESS: _____ PHONE: _____
3. CAMPUS WIDE ID (CWID) _____

B: ACADEMIC INFORMATION:

FRESH. _____ SOPH. _____ JR. _____ SR. _____
Graduate _____ Other _____

C: I request a change in my current financial aid package for the following term(s):

Fall (yr) _____ Spring (yr) _____ Summer I (yr) _____ Summer II (yr) _____

Please specify the type of change you are requesting:

_____ Adjustment to the cost of attendance for child care expenses/medical **I have attached documentation.**
_____ Request Subsidized/Unsubsidized Loan. Amount \$ _____
_____ Cancellation of Financial Aid Award.
_____ Accept Financial Aid Award Package

A detailed explanation is required for the above request(s):

I understand that I am only allowed two repacks (change in financial aid) in the current academic year. I also understand that I must accept the revised award letter this request will produce.

Signature: _____

Office Use Only: _____

Approved:

Child Care Expense: \$ _____
Subsidized Loan: \$ _____
Unsubsidized Loan: \$ _____
Other: \$ _____

Denied:

Reason for denial: _____