



FINANCIAL ASSISTANCE CHANGE REQUEST

A. GENERAL INFORMATION

1. NAME: _____ DATE: ___/___/___

2. ADDRESS: _____ PHONE: (____) _____

3. CAMPUS WIDE ID (CWID): _____

B. ACADEMIC INFORMATION:

Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___ Graduate: ___ Other: ___

C. I REQUEST A CHANGE IN MY CURRENT FINANCIAL AID AWARD 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 childcare/medical expenses. I have attached documentation.

___ Request subsidized/unsubsidized loan. Specify amount \$ _____.

___ Cancellation of financial aid award package.

___ 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 award package) in the current academic year. I also understand that I must accept the revised award notification this request will produce.

SIGNATURE: _____

FAO USE ONLY.

Approved:
Childcare/Medical Expense: \$ _____
Subsidized Loan: _____
Unsubsidized Loan: _____
Other: _____

Denied: _____
Reason for Denial: _____
FAA initials. _____ DATE: _____