

Please use ink.

Please Print						
	Last	First	M.I	G Number or Social Security Number / last three digits of SSN		
	Street	Apt #	() Area Code Phone			
	City	State	Zip			

Please Check (✓) the appropriate request(s) and return to the Financial Aid Office.

Changes are subject to availability of funding and eligibility requirements.

Change in Enrollment Status. Indicate all terms that may be applicable.

Adjustments will not be made to your financial aid after the end of the second week of the term unless circumstances were beyond your control. If requesting an increase after second week of the term, provide an explanation and documentation.

	Full time (12 + credits)	3/4 time (9-11 credits)	1/2 time (6-8 credits)	1/4 time (1-5 credits)	not enrolled
Fall	_____	_____	_____	_____	_____
Winter	_____	_____	_____	_____	_____
Spring	_____	_____	_____	_____	_____
Summer 2010	_____	_____	_____	_____	_____

NOTE: If you wish to be considered for Summer 2010 financial aid, you must complete a Summer Request Form. Forms are available in any Financial Aid Office in May, 2010.

Other changes.

Student Signature Date

Do Not Write Below

Your change in aid request is: _____ Approved _____ Denied _____ Pending _____ No Action _____ Revised AL•Sent

Comments: _____

FAO Signature Date