

Portland Community College

Financial Aid Office

PO Box 19000

Portland, OR 97280-0990

Tel 971-722-4934

Fax 971-722-4965

2011-2012 Revision Request

Please print and use blue or black ink.

_____	_____	_____	G _____ / _____
Last	First	MI	G number / last 3 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 refund period unless circumstances were beyond your control. If requesting an increase after the refund period, provide an explanation and documentation.

	Full time (12 + credits)	¾ time (9-11 credits)	½ time (6-8 credits)	¼ time (1-5 credits)	not enrolled
Fall	_____	_____	_____	_____	_____
Winter	_____	_____	_____	_____	_____
Spring	_____	_____	_____	_____	_____

Other Changes:

Student Signature

Date

Do Not Write Below

Your change in aid request is: _____ Approved _____ Denied _____ Pending _____ No Action _____ Revised Award _____

Comments:

FAO Signature

Date