REQUEST FOR REVISION

Name: _____   Student ID Number: @_____

Academic Year: 20_____-20_____   Contact Phone Number: _____

Semester/Term you are requesting revision to apply to: (Please check all terms that apply)

☐ Fall   ☐ Spring   ☐ Summer

Check ALL boxes that require a revision:

☐ I will be **graduating** after _____ semester/term

☐ I will **not** be attending _____ semester/term

☐ My enrollment status is/will be:

Enrollment Status	Undergraduate	Graduate
☐ Full-Time	12+ credits	9+ credits
☐ 3/4-Time	9-11 credits	7-8 credits
☐ 1/2-Time	6-8 credits	5-6 credits
☐ Less Than ½-Time	Not eligible for Federal Student Loans	

☐ I would like to:

Reinstate/Accept	Decline/Cancel	Loan(s)
☐	☐	Subsidized Loan
☐	☐	Unsubsidized Loan
☐	☐	Alternative Loan
☐	☐	Graduate PLUS Loan
☐	☐	Parent PLUS Loan

☐ I would like to request a(n):

Increase	Decrease	Loan(s)	Amounts
☐	☐	Subsidized Loan	from $_____ to $_____
☐	☐	Unsubsidized Loan	from $_____ to $_____
☐	☐	Alternative Loan	from $_____ to $_____
☐	☐	Graduate PLUS Loan*	from $_____ to $_____
☐	☐	Parent PLUS Loan*	from $_____ to $_____

*Borrower signature is REQUIRED for PLUS Loan increases - Signature:_____

My Grade Level will be changing to: ☐ Sophomore   ☐ Junior/Senior   ☐ Graduate/Master's

My Living Situation has changed and I will now be living: ☐ On-campus ☐ Off-Campus ☐ With Parents

Other Request:
_____
_____
_____

IMPORTANT NOTE: ALL revisions will take approximately 3-4 weeks to process. This may cause delays in the processing of your financial aid and/or refund. Please be aware that depending upon your request, funds may have to be returned to the school or your lender.

Student's Signature:_____   Date: _____