

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 one)

- ☐
- Fall & Spring
- ☐
- Fall Only
- ☐
- Spring Only

Check ALL boxes that require a revision:

- ☐ I will be graduating after _____ semester/term
- ☐ I will not be attending _____ semester/term
- ☐ I am attending Full-Time in the _____ semester (Undergrad = 12+ credits, Grad = 9+ credits)
- ☐ I am attending ¾ Time in the _____ semester (Undergrad = 9-11 credits, Grad = 7-8 credits)
- ☐ I am attending ½ Time in the _____ semester (Undergrad = 6-8 credits, Grad = 5-6 credits)
- ☐ I am attending less than ½ Time in the _____ semester and am **no longer eligible for federal student loans**
(Undergrad = 6 credits, Grad = >5 credits)
- ☐ I am **declining** my _____ for \$ _____
(Type of aid)
- ☐ Please **reinstate** my _____ for \$ _____
(Type of aid)
- ☐ I would like to request an increase to my Parent PLUS Loan* of \$ _____ for a total of \$ _____

Parent Signature: _____ * Borrower signature is REQUIRED for Parent Loan increase

My Grade Level will be changing to: ☐ Sophomore ☐ Junior/Senior ☐ Upper-level Nursing ☐ 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 2-3 weeks to process. This may cause delays in the processing of your financial aid and/or refund check. Please be aware that depending upon your request, funds may have to be returned to the school or your lender.

Student's Signature: _____

Date: _____

Office Use Only: Academic Year: _____ RPAAWRD _____ Pell _____ RLADLOR _____
RRAAREQ RHACOMM Date of Revision: _____ Revision done by (initial): _____