

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
- $\frac{3}{4}$
- Time in the _____ semester (Undergrad = 9-11 credits, Grad = 7-8 credits)
-
-
- I am attending
- $\frac{1}{2}$
- Time in the _____ semester (Undergrad = 6-8 credits, Grad = 5-6 credits)
-
-
- I am attending less than
- $\frac{1}{2}$
- 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
-
- Sub Loan
-
- Unsub Loan
-
- Parent PLUS Loan*
-
- from the current amount of \$ _____ to a new total of \$ _____

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