

**Student Financial Aid (SFA)
Information Change Form**



Student Name _____ <small>(Last, First, MI - please print)</small>	SS# _____ and Student ID _____
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Enrollment changes or cancellation of aid may result in a debt for tuition, fees, etc., and/or overpayment of aid. Award adjustments will be made ONLY after enrollment records have been updated; and, may be denied if enrollment changes occur after the last date of late registration/schedule adjustment.

[] AWARD STATUS :

Fall ____ year	Spring ____ year	Summer I ____ year	Summer II ____ year
<input type="checkbox"/> Full-time (12 cr. or more)	<input type="checkbox"/> Full-time (12 cr. or more)	<input type="checkbox"/> Full-time (12 cr. or more)	<input type="checkbox"/> Full-time (12 cr. or more)
<input type="checkbox"/> ¾ time (9-11 credits)	<input type="checkbox"/> ¾ time (9-11 credits)	<input type="checkbox"/> ¾ time (9-11 credits)	<input type="checkbox"/> ¾ time (9-11 credits)
<input type="checkbox"/> ½ time (6-8 credits)	<input type="checkbox"/> ½ time (6-8 credits)	<input type="checkbox"/> ½ time (6-8 credits)	<input type="checkbox"/> ½ time (6-8 credits)
<input type="checkbox"/> Less than ½ time ____ cr.	<input type="checkbox"/> Less than ½ time ____ cr.	<input type="checkbox"/> Less than ½ time ____ cr.	<input type="checkbox"/> Less than ½ time ____ cr.
<input type="checkbox"/> Will not attend*	<input type="checkbox"/> Will not attend*	<input type="checkbox"/> Will not attend*	<input type="checkbox"/> Will not attend*
*Cancellation of aid: Funds credited? (if yes, see Caron or Yoli) Still enrolled? Attended? Returned check?			

[] FEDERAL WORK-STUDY (FWS) :

<input type="checkbox"/> Considered me for FWS:	<input type="checkbox"/> Fall ____ year	<input type="checkbox"/> Spring ____ year	<input type="checkbox"/> Summer ____ year
<input type="checkbox"/> Cancel my FWS award for the following terms:	<input type="checkbox"/> Fall ____ year	<input type="checkbox"/> Spring ____ year	<input type="checkbox"/> Summer ____ year
<input type="checkbox"/> Reduce my FWS award to: \$ _____			
<input type="checkbox"/> Other changes:			

[] FEDERAL STAFFORD LOAN :

<input type="checkbox"/> Cancel my Subsidized Stafford loan for the following terms:	<input type="checkbox"/> Fall ____ year	<input type="checkbox"/> Spring ____ year	<input type="checkbox"/> Sum ____ year
<input type="checkbox"/> Cancel my Unsubsidized Stafford loan for the following terms:	<input type="checkbox"/> Fall ____ year	<input type="checkbox"/> Spring ____ year	<input type="checkbox"/> Sum ____ year
<input type="checkbox"/> Reduce my ____ Subsidized ____ Unsubsidized Stafford loan to: \$ _____			
<input type="checkbox"/> Reinstate my ____ Subsidized ____ Unsubsidized Stafford loan:	<input type="checkbox"/> Fall ____ year	<input type="checkbox"/> Spring ____ year	<input type="checkbox"/> Sum ____ year
<input type="checkbox"/> Consider me for a loan. (attach a Loan Request Form)			

[] ADDRESS :

My address has changed to living:	<input type="checkbox"/> with parents	<input type="checkbox"/> away from parents (submit copy of lease agreement)
My new address and phone number:		
Address: _____	Phone number: _____	
City: _____	State: _____	Zip: _____

[] OTHER CIRCUMSTANCES :

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Student Signature _____ <small>FOR FINANCIAL AID OFFICE USE ONLY</small>	Date (mm/dd/yyyy) _____
***** <input type="checkbox"/> Revision Completed <input type="checkbox"/> INQ sent <input type="checkbox"/> No changes made Completed by _____ Date _____	
Comments: _____ _____ _____	