



REQUEST FOR REVISION

Name _____ ID or SSN _____

Address _____ City _____

State _____ Zip _____ Telephone (_____) _____

E-mail Address _____

Student Financial Services may be able to make reasonable adjustments, within limits, to your current financial aid award within the confines of federal regulations. Changes in circumstances which affect your ability to pay for school can be considered for possible adjustments, as well as unusual educational expenses which create a financial burden or hardship.

In order to make any adjustments to your award, we must have a statement from you in writing and documentation to support your request. Acceptable documentation may include such items as copies of bills or a note from a doctor.

Please provide a written statement of your request and attach copies of all supporting documentation to this form. Use additional pages if you wish. Please do not attach original bills or receipts – submit copies instead. This request will become part of your permanent financial aid record. **Documentation must be dated during the academic year.**

All requests will be considered, and adjustments to awards will be made on the basis of student eligibility and the availability of funds requested. Please be aware that while a review of your situation may indeed reveal that you have additional need, there may not be funds available to meet your need or there may be expenses that financial aid is not allowed to cover.

I AM REQUESTING A REVISION TO MY FINANCIAL AID AWARD BECAUSE:

Type of Change Requested:

Increase Loans: Stafford _____ Other _____

Increase Work Study: State (Off Campus) _____

Estimate amount of increased assistance requested: \$ _____

Reject Assistance (list type): _____

STUDENT SIGNATURE _____ **DATE** _____

OFFICE USE ONLY: REVIEWED BY _____ DATE _____