

2017-2018 REVISION FORM

Please read carefully: Complete and submit this form to request changes to your financial aid award or your enrollment status. Please be aware that changes in enrollment may impact your financial aid eligibility. At least half time enrollment (at least 3 graduate credits for graduate students and at least 6 credits for undergraduates) per semester is required to receive federal loans. This form may not be used to increase PLUS loans. Go to www.studentloans.gov to apply for an additional PLUS loan.

Regis ID: _____ Anticipated Graduation Date: _____

Name: _____
Last First Middle Initial

All Students – Please indicate academic level and enrollment information:

Graduate Student – indicate the number of **graduate credit hours** per semester.

Summer 2017 _____ credits Fall 2017 _____ credits Spring 2018 _____ credits

Undergraduate Student – indicate the number of **credit hours** per semester.

Summer 2017 _____ credits Fall 2017 _____ credits Spring 2018 _____ credits

1. Do you want to *reduce or cancel* your loans as they appear on your most recent Award Letter?

No – If no, skip to #2. Yes – If yes, indicate type of loan, semester in which it is being adjusted, and amount you are requesting. To cancel a loan, write \$0 for the award amount. If no change, leave blank.

Subsidized	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____
Unsubsidized	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____
Perkins/Nursing	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____
Graduate PLUS	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____

2. Do you want to request an *increase* in your loans as they appear on your most recent Award Letter?

(Under certain circumstances, such as a change in enrollment level, number of semesters you will be attending, or your class level, you may be able to increase the loan amount shown on your Award Letter.)

No – If no, skip to #3 Yes – If yes, please indicate reason:
Grade level increase Other: _____

Indicate type of loan, semester in which it is requested, and the total amount you are requesting. Enter “maximum” if requesting the maximum eligibility. If no change, leave blank.

Subsidized	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____
Unsubsidized	Summer 2017 \$ _____	Fall 2017 \$ _____	Spring 2018 \$ _____

3. Other awards:

Do you have additional sources of funding (i.e., grants, private scholarships, employee reimbursement, ETB)?

No Yes – If yes, please list all sources and amounts:

Type of Award: _____ Award Amount: \$ _____

Type of Award: _____ Award Amount: \$ _____

Type of Award: _____ Award Amount: \$ _____

4. Optional – Additional Clarification:

Certification: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that changes to my enrollment may affect my financial aid eligibility. I further understand the addition of external awards may reduce my federal loan eligibility.

Signature: _____ Date: _____
