

2019-2020 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 studentloans.gov to apply for an additional PLUS loan.

Student's Name: _____ Regis ID: _____

Anticipated Graduation Date: _____

1. REQUIRED Please indicate academic level and enrollment information:

- Graduate Student – indicate the number of **graduate credit hours** per semester.
 Summer 2019 _____ credits Fall 2019 _____ credits Spring 2020 _____ credits
- Undergraduate Student – indicate the number of **credit hours** per semester.
 Summer 2019 _____ credits Fall 2019 _____ credits Spring 2020 _____ credits

2. I wish to fully cancel ALL of my financial aid.

3. I wish to reduce or cancel my loans as they appear on my most recent Award Letter.

Please indicate type of loan, semester in which it is being adjusted, and the amount you are requesting. To cancel a loan, write 0 for the award amount. If no change, leave blank.

Subsidized	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____
Unsubsidized	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____
Nursing	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____
Graduate PLUS	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____

4. I wish to increase my loans as they appear on my most recent Award Letter. (You may increase your Direct loans if you have not received the annual maximum available. If you have questions, please reach out to [Student Services](#)).

Please indicate type of loan, semester in which it is requested, and the additional amount you are requesting. Enter "maximum" if requesting the maximum eligibility. If no change, leave blank.

Subsidized	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____
Unsubsidized	Summer 2019 \$ _____	Fall 2019 \$ _____	Spring 2020 \$ _____

5. **Optional:** Please use this section to further explain your reason for revising your aid.

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.

Signature: _____ Date: _____
