

## **Financial Aid and Scholarships Office**

5150 N. Maple Avenue, M/S JA 64 Fresno, CA 93740-8026 Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid

## **Financial Aid Award Adjustment Request**

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBE	R (w/area code)
PRINT IN BLACK INK				
This form is to report a new award sent directly to you or to request an award adjustment.				
<u><b>Do not</b></u> report awards already listed on your award notification.				
<u>Add Award</u> - List only awards that were sent directly to you.				
Name:	\$	FALL/SPRING □ FALL	☐ SPRING	
Name:		\$	FALL/SPRING   FALL	☐ SPRING
Cancel Award				
□ Nursing Loan	\$	FALL/SPRING   FALL	_ □ SPRING	
☐ Federal Work Study	\$	FALL/SPRING   FALL	_ □ SPRING	
☐ Sub Federal Loan	\$	FALL/SPRING   FALL	□ SPRING	
☐ Unsub Federal Loan	\$	FALL/SPRING   FALL	_ □ SPRING	
Adjust Award				
☐ Sub Federal Loan Decreas	se \$ New Amount	\$	FALL/SPRING   FALL	_ □ SPRING
Increase	e \$ New Amount	\$	FALL/SPRING   FALL	_ □ SPRING
☐ Unsub Federal Loan Decreas	se \$ New Amount	\$	FALL/SPRING   FALL	_ □ SPRING
Increase	e \$ New Amount	\$	FALL/SPRING   FALL	_ □ SPRING
Enrollment Information				
☐ I will graduate: ☐ FALL	2019			
☐ I will not attend: ☐ FALL	2019 ☐ SPRING 2020			
$\square$ I added units: $\square$ FALL 2019 $\square$ SPRING 2020 $\rightarrow$ <b>Do not</b> check this box if on a wait list and you plan to be full time.				
Please Note: Changes to your financial aid awards may have an impact on your student account.				
CERTIFICATION & SIGNATURE(S)				
I understand that any aid cancelled or reduced can only be re-instated at a later date, if the funds are still available.				
A request to change an award may result in a bill in which I am responsible for payment.				
Student Signature: Date:				
REVISED AWARD ISIR CORRECTION RESPONSE SENT PERSONAL CMT LOAN PRORATE CHECKLIST COMPLETE CHECKLIST F02 WL				
Comments:				
Date By OFFICE USE ONLY				