

Name of Financial Aid Applicant (Please print)

2017-18 FORM E

\_\_\_\_\_  
Last First MI

RETURN TO:

\_\_\_\_\_  
@  
Student ID# Date of Birth

OFFICE OF FINANCIAL AID

\_\_\_\_\_  
Previous Last Names (if applicable)

**REQUEST FOR REVISION OF FINANCIAL ASSISTANCE**  
(Complete the box above and answer all questions on this form.)

When you have completed this form, submit it to the Office of Financial Aid. Your file will be reviewed and you will be notified.

**NOTE: ONLY ONE REQUEST FOR REVISION WILL BE ACCEPTED PER ACADEMIC YEAR.**

1. I have received my Financial Aid Award notification. I am requesting a revision of my original award to include / reject the following:

- Federal Work Study**
  - Accept  Reject  Reduce by \$\_\_\_\_\_

Other\_\_\_\_\_

2. Explain in detail why you are requesting a revision of your financial aid file.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained on this form is true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Student's Signature DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Request for revision approved.
- Request for revision denied.
  - No funds available.
  - Other:\_\_\_\_\_

FA TECH / FAA \_\_\_\_\_ Date \_\_\_\_\_