

# Financial Aid Change Form

ctcLink Number	-	-	Nat'l ID Number	-	-
Last Name			First Name	Middle Initial	

**Students are limited to 3 changes per academic year**

**Award Year:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Section 1 Enrollment Adjustment:**

**Are you requesting adjustments to your enrollment?**  Yes  No (If yes, complete section below)

I will NOT be attending:  Summer  Fall  Winter  Spring

I will be attending:  Summer  Fall  Winter  Spring

**Section 2 Work Study:**

**Are you requesting adjustments to your Work Study award?**  Yes  No (If yes, complete section below)

ADD Work Study:  Summer  Fall  Winter  Spring

CANCEL Work Study:  Summer  Fall  Winter  Spring

**Section 3 Direct Loans:**

**Are you requesting adjustments to your loans?**  Yes  No (If yes, complete section below)

CANCEL:  Subsidized  Unsubsidized

Summer  Fall  Winter  Spring

REDUCE TO:  Subsidized \$ \_\_\_\_\_  Unsubsidized \$ \_\_\_\_\_

Summer  Fall  Winter  Spring (Total amount will be divided among all terms)

INCREASE TO:  Subsidized \$ \_\_\_\_\_  Unsubsidized \$ \_\_\_\_\_

Summer  Fall  Winter  Spring (Total amount will be divided among all quarters)

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Loan notes:**

**For Office Use Only:**

NSLDS  
 Aggregate loan limits:  
 Sub: \_\_\_\_\_ K FA \$ \_\_\_\_\_  
 Unsub: \_\_\_\_\_ K Need = \$ \_\_\_\_\_

Awarded:  
 Quarters: SU F W SP  
 Sub: \_\_\_\_\_ Intls: \_\_\_\_\_  
 Unsub: \_\_\_\_\_ Date: \_\_\_\_\_

Checklist  
**ECL303**  
**ECL304**  
**ECL305**

*Date Received*

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Alternate format of this document is available upon request. Please contact Disability Support Services at 360-992-2314, or 360-991-0901 (video phone).

