

2009-2010

# Revision Form

Email: [finaid@lewisu.edu](mailto:finaid@lewisu.edu)



Please note that your financial aid file cannot be processed until the Office of Financial Aid Services receives all required documents. **READ AND PROCESS EACH SECTION CAREFULLY — AN INCOMPLETE OR INCORRECT FORM WILL RESULT IN DELAYS.** All documents submitted to the Office of Financial Aid Services must be **SIGNED**.

<b>Student Name:</b> _____	<b>Student ID Number:</b> _____
<b>Email Address:</b> _____	<b>Phone Number:</b> _____

## Instructions:

You are requesting a revision to your current Financial Aid Award. This will result in a revised Financial Aid Award and could possibly change any prior payment arrangements that were made with your account in the Business Office.

### **Please check the following revision that you are requesting:**

- \_\_\_\_\_ I am rejecting my Federal Stafford Loan.
- \_\_\_\_\_ I would like to return a portion of my Federal Stafford Loan in the amount of:  
**Fall semester: \$ \_\_\_\_\_ Spring semester: \$ \_\_\_\_\_**
- \_\_\_\_\_ I would like additional Federal Student Loan money either subsidized or unsubsidized in the amount of:  
**Fall semester: \$ \_\_\_\_\_ Spring semester: \$ \_\_\_\_\_**  
(This is subject to Federal Stafford Loan limits)
- \_\_\_\_\_ I would like to reject my Federal Work Study:  
Fall semester \_\_\_\_\_ and/or Spring semester \_\_\_\_\_
- \_\_\_\_\_ Other (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization:

By signing this form I am allowing the Office of Financial Aid Services to make the above changes. I understand that these changes may affect my tuition bill in the Business Office and/or the amount of hours that I am able to work at my job. **You must notify the Business Office of any changes made to your awards** and/or notify your employer if your are unable to work the scheduled hours on your Authorization contract.

_____	_____
<b>Student Signature</b>	<b>Date</b>