REVISION REQUEST FORM 2014-2015

This form has typing enabled. Complete all applicable sections.

Last Name	First Name	Phone Number	UST ID#

UST EMAIL ADDRESS

Change of Enrollment:

Fall 2014_____ hours Spring 2015_____ hours Summer 2015_____ hours

(*Changes to enrollment may affect your current financial aid package)*

Reinstatement of Financial Aid:

(*Reinstatement of financial aid will be based on available funding. It is possible that not all aid will be reinstated)*

Fall 2014 Reason: _____

Spring 2015 Reason: _____

Fall 2014 & Spring 2015 Reason: _____

Request for Additional Loans:

(If applying for a Grad PLUS or Parent PLUS loan, please complete an application at www.studentloans.gov)

Subsidized Stafford Unsubsidized Stafford

PLEASE INDICATE A REASON:

Loan Amount Increase Grade Level Change Loan Reinstatement

Cancellation of Loans:

TYPE: Subsidized Stafford Unsubsidized Stafford PLUS Loan Other_____

TERM: Fall 2014 Spring 2015 Summer 2015

Cancellation of ALL Financial Aid: *(Once aid is cancelled, full reinstatement may not be available)*

TERM: Fall 2014 Spring 2015 Fall 2014 & Spring 2015 Summer 2015

REASON:_____

ACCEPTANCE of ALL Financial Aid: *(Note: acceptance of financial funds without the submission of an award letter still requires you to follow ALL program requirements. By checking this option, you agree to all terms and conditions to all listed grants and work study. For loans, you must indicate the loan type & $ amount. Complete the loan process at www.studentloans.gov if you are a first time borrower at UST.)*

TYPE: Subsidized Stafford $_____ Unsubsidized Stafford $_____ PLUS Loan $_____

Other: _____

_____ _____

Student's Signature **Date**

OFFICE USE ONLY:

APPROVED **NOT APPROVED:** **Reason:**_____

COUNSELOR NAME:_____

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