

University of St. Thomas  
Office of Scholarships & Financial Aid  
**REVISION REQUEST FORM**  
2009-2010



Please PRINT legibly. Complete all applicable sections.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>ID #</b>	<b>Phone Number</b>
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**Change of Enrollment:**

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

Fall 2009	_____	hours
Spring 2010	_____	hours
Summer 2010	_____	hours

**Change of Anticipated Graduation Date:**

(Changes to anticipated graduation date may affect your current financial aid package)

Fall 2009
Other: _____

**Change of Housing:**

(Changes to housing may affect your current financial aid package)

On-Campus
Off-Campus
Living with parents

**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 2009	Reason: _____
Spring 2010	Reason: _____
Fall 2009 & Spring 2010	Reason: _____

**Request for Additional Loans:**

(If applying for a Grad PLUS or Parent PLUS loan, please go to Loans by Web [<https://lbw.tgslc.org>] to initiate the process.)

Subsidized Stafford  
Unsubsidized Stafford

**Reason:**

Loan Amount Increase  
Grade Level Change  
Loan Reinstatement

**Cancellation of Loans:** If your loan funds have been disbursed, you have 14 days from the date of disbursement to cancel those funds. After 14 days, only future disbursements will be cancelled.

Subsidized Stafford	Fall 2009	Spring 2010	Summer 2010
Unsubsidized Stafford	Fall 2009	Spring 2010	Summer 2010
PLUS Loan	Fall 2009	Spring 2010	Summer 2010
Other	Fall 2009	Spring 2010	Summer 2010

Specify Type \_\_\_\_\_

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

Fall 2009	Reason: _____
Spring 2010	Reason: _____
Fall 2009 & Spring 2010	Reason: _____
Summer 2010	Reason: _____

**Other:**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Date**