



Name: _____

Student ID: _____

Submit this form to the Financial Aid Office to notify us of a change to your eligibility status or request a revision to your financial aid award. Please allow 5-7 business days for processing.

ENROLLMENT

Undergraduate/Professional Studies:

- 0-5 Units (Less than half time) 6-8 units (Half time)
- 9-11 units (Three quarter time) 12 + units (Full time)

Graduate:

- 1-4 Units (Less than half time) 5-6 units (Half time)
- 7-8 units (Three quarter time) 9 + units (Full time)

GRADE LEVEL

- Freshman (1-26 completed units) Sophomore (27-56 completed units)
- Junior (57-87 completed units) Senior (88+ completed units)

GRADUATION

I will graduate in December 20____ May 20____

HOUSING

- Living on Campus Living off campus

WORK STUDY REVISIONS:

- Please consider me for a work study award. Please cancel my work study award.
- I would like to change my work study award from \$_____ to \$_____

REQUEST

- Extra semester of aid One semester of pro-rated aid Other- please explain:

Student Signature: _____

Date: _____