

2024-2025 ENROLLMENT STATUS EXCEPTION/REVISION REQUEST

(Summer Term 2024 – Spring Term 2025)

Student Last Name	Student First Name
Student ID#	Date of Birth

This form is used to request/appeal an update to your financial aid for one of the following reasons:

1. You want to reinstate your aid
2. You want to cancel your aid
3. You had extenuating circumstances that caused issues with your financial aid

Adjustments will not be made to your financial aid after the end of the second week of the term (census date), unless circumstances were beyond your control. If you are requesting an increase after you have already received financial aid you must include a written statement explaining why you registered late. Only extenuating circumstances will be considered. Decisions made by this Committee, after review by the Financial Aid Director, are final.

ENROLLMENT STATUS:

Reduction of credits will decrease aid eligibility.

Credits	12+ (full-time)	9-11 (¾ time)	6-8 (half-time)	<6 (less-than ½ time)	Not Attending
Summer 2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall 2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check this box if you would like your loans reinstated

Please explain, below, what has caused you to need your financial aid revised; or submit a written statement and supporting documentation, if applicable:

CERTIFICATION: I understand that these changes may affect my student account balance and that I am ultimately responsible for timely payment of any balance.

Student Signature _____ Date _____
Handwritten signature required for loan reinstatement