

Sul Ross State University

Financial Aid Change Request Form 2020-2021

SRSU Title IV Code: 003625

Student Name: _____ **A#:** _____

Preferred Email: _____ **Phone:** _____

This form is used to increase an already existing award, decrease an existing award, or reinstate a previously existing award for the 2020-2021 Aid Year. Please contact the appropriate financial aid office to discuss your questions prior to submitting this form.

Enrollment Information

of hours for Fall 2020 _____, Spring 2021 _____, Summer I 2021 _____, Summer II 2021 _____

Are you a consortium student? Yes _____ No _____

If yes, # of hours for Fall 2020 _____, Spring 2021 _____, Summer I 2021 _____, Summer II 2021 _____ at consortium campus.

Loans

Subsidized Loans (for Undergraduates or Post-Bac. -Teacher Certification Students Only)

- Please increase my subsidized loan by \$ _____ for new total \$ _____
- Please decrease my subsidized loan by \$ _____ for new total \$ _____
- Please accept my full subsidized loan offer of \$ _____
- Please cancel my full subsidized loan offer

Unsubsidized Loans

- Please increase my unsubsidized loan by \$ _____ for new total \$ _____
- Please decrease my unsubsidized loan by \$ _____ for new total \$ _____
- Please accept my full unsubsidized loan offer of \$ _____
- Please cancel my full unsubsidized loan offer

Other Aid

- Please award me Federal Work-Study.
- Please cancel my Federal Work-Study.
- Please reduce my Federal Work-Study to \$ _____.

Reason for change:

- Will not attend SRSU Term: _____ Change in number of hours of enrollment
- Change in classification to _____ Other _____
- Child Care Expense (a completed Dependent Care Verification Form must accompany this form)

CERTIFICATION:

I fully understand that the Financial Aid Office will evaluate my request AND that this request may be denied.

My signature also indicates my acceptance of the award that may result from this request and authorizes the University to apply any scholarship, grant, or loan proceeds received by electronic funds transfer (EFT) or otherwise to my student account for payment of my tuition, fees, room, board, and any other University debt.

Student's Signature

Date

SUBMIT YOUR REQUEST TO SRSU FINANCIAL AID OFFICE OF THE CAMPUS YOU ARE ATTENDING:

Office of Financial Aid
P.O. Box C-2
Alpine, TX 79832
Phone: (432) 837-8050
Fax: (432) 837-8411
E-mail: fa@sulross.edu

Office of Financial Aid
3107 Bob Rogers Drive
Eagle Pass, Texas 78852
Phone: (830) 758-5021
Fax: (830) 758-5019
E-mail: rgcfao@sulross.edu

Office of Financial Aid
2623 Garner Field Road
Uvalde, TX 78801
Phone: (830) 279-3008
Fax: (830) 279-3009
E-mail: rgcfao@sulross.edu

Office of Financial Aid
205 Wildcat Drive
Del Rio, TX 78840
Phone: (830) 703-4824
Fax: (830) 703-4810
E-mail: rgcfao@sulross.edu

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

FOR OFFICE USE ONLY

- Fall _____ Spring _____ Summer I _____ Summer II _____ Original Grade Level _____ New Grade Level _____
- EFC _____ Original Budget _____ Revised Budget _____ Aid _____ SAP _____ Status **I** or **D**
- Reason for change: Increase in hours Decrease in hours Plus Denial on File CWS Cancelled Child Care Other
- Loan Type: **SUB** _____ **UNSUB** _____ **OTHER** _____
- Original Loan Amount _____ Increase in Loan Amount _____ Revised Loan Amount _____
- Comments: _____
- FAO Signature _____ Date _____ Banner updated by _____ Date _____