

2023-2024 Change Request Form

Student Name:		T-Number:
Phone Number:		
I am requesting a change to my Fede	eral Aid for the following	academic period:
Fall 2023	Spring 2024	Summer 2024
LOAN TYPE	AMOUNT CHANGE	
Subsidized Direct Loan	Increase by Decrease by Cancel	
Unsubsidized Direct Loan	Increase by Decrease by Cancel	
Graduate/Professional PLUS Loan	Increase by Decrease by Cancel	
OTHER AID		
Work Study	I request my work-study eligibility to be offered. I request my work-study eligibility to be cancelled.	
SPECIAL INSTRUCTIONS:		
Please read and acknowledge the following I understand that additional loan amo	unts may be awarded based on an es	stimated enrollment status of full-time for the
 academic year. My award will be subject to change for less than full-time enrollment. I understand that if my loan has already disbursed and I am requesting the disbursement be canceled, I may owe money back to 		
the University. I understand that the interest on an Unsubsidized Loan will begin to accrue immediately upon its disbursement. (It is		
recommended that students make arrangements to pay interest monthly to avoid capitalization of accrued interest.) • I understand that receiving VA benefits or Vocational Rehab, it could affect my eligibility for federal student aid.		
• I understand that I must stay within a cost of attendance budget. If award amounts put me over my available budget, I will be "over-awarded" infederal and state aid possibly leading to a return of funds.		
 I understand that by signing this form I am authorizing SUU to perform a credit check (Grad Plus Ioan). 		
Student Signature		Date

By signing this form, you indicate that you understand and agree to the statements listed above. Submit form to: $\frac{https://my.suu.edu/secure/upload/finaid/}{fax(435)586-7736}$