

## 2016-2017 Change Request Form Request for Award Revision/Change

351W. University Blvd – Cedar City – UT – 84720 (435) 586-7735 – (435) 586-7736 (fax) www.suu.edu/ss/financial/

Please print clearly	
T Number	Phone Number
Last Name	First Name
Email Address	
Are you expecting to receive VA benefits or V	oc Rehab in 2016-2017? Yes No
Indicate the change you are requesting:	
Check Discount of the Chapter of	
Please award me an Unsubsidized Staffor	ord loan for a total of: \$
Please increase my Subsidized Stafford b	oy: \$
Please increase my Unsubsidized Stafford	d by: \$
Please decrease my Subsidized Stafford I	by: \$
Please decrease my Unsubsidized Staffor	rd by: \$
OTHER (Explain in the space below):	
time for the academic year. My award will be subject	be awarded based on an estimated enrollment status of full- ect to change for less than full-time enrollment.  Ind I am requesting the disbursement be canceled, I may owe
money back to the University.	, ,
	an will begin to accrue immediately upon its disbursement. (It is interest monthly to avoid capitalization of accrued interest.)
$\hfill \square$ I understand that if I am receiving VA benefits or Voc	Rehab, it could affect my eligibility for federal student aid.
$\square$ I understand that I must stay within a cost of attenda I will be "over awarded" in federal and state aid possibly	ance budget. If award amounts put me over my available budget, leading to a return of funds.
Student Signature	Date

RRAAREQ Code: LMEMO