



# Financial Aid

995 N. Reed Avenue, Reedley, CA 93654 | Phone: (559) 494-3012 | FAX: (800) 643-0932

## 2024-2025 REQUEST FOR REVISION

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### AWARD REVISION

I want to cancel all of my funding (except the fee waiver) for the following semester(s): \_\_\_\_\_

I want to decline the following award: \_\_\_\_\_ FA24  SP25  SU25

I want to put my Federal Pell Grant on hold for (check all that apply): FA24  SP25  SU25

I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA24  SP25  SU25

I want to increase my Direct Loan. Additional amount requested: \$ \_\_\_\_\_

If you are requesting an increase and are ineligible to receive the full amount requested in a subsidized loan, do you want to be considered for an unsubsidized loan? Yes  No

I want to decrease my Direct Loan. Amount of reduction: \$ \_\_\_\_\_

I want to update my housing plan to: With Parents  Off Campus  On Campus

### OTHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION AND SIGNATURE

The person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_