

2024-2025 Offer Change Form

I have reviewed and understand the changes to my 2024-2025 financial aid offer(s). In accepting this revised offer, I understand that the actual changes to my financial aid and/or disbursement to my account will not occur until I submit this form and all of the documentation requested by the Financial Aid office.

Fall 2024 Semester _	Spring 2025 Semester _	Summer 2025
Please check one below		
I accept the change in a	aid	
I decline the change in	aid	
I want to make the follow	wing changes to my aid:	
By signing this document yo	ou authorize the changes to you	ır financial aid package:
Student's Signature		Date
J		
Student's Printed Name	Student's Date of Birth	
	Student's Date of Birth	
	Student's Date of Birth	
Student's Printed Name	Student's Date of Birth	Student's Cell Phone
Student's Printed Name ncial Aid Office Use Only: nges to the Aid were a result of:		Student's Cell Phone
Student's Printed Name ncial Aid Office Use Only: nges to the Aid were a result of: was modified by: \$		Student's Cell Phone
Student's Printed Name ncial Aid Office Use Only: nges to the Aid were a result of: was modified by: \$	(circle one) SUB UNSUB F	Student's Cell Phone
Student's Printed Name ncial Aid Office Use Only: nges to the Aid were a result of: was modified by: \$ ck COA Check NEED	(circle one) SUB UNSUB F _ Review Sub/Unsub eligibility	Student's Cell Phone