



2023-2024 REQUEST FOR REVISION

Phone:
(559) 494-3012

Fax:
(800) 643-0932

Address:
995 N. Reed Ave.

Email:
reedley.financialaid@reedleycollege.edu

NAME: _____

ID #: _____

AWARD REVISION

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

I want to decline the following award: _____ FA23 SP24 SU24

I want to put my Federal Pell Grant on hold for (check all that apply): FA23 SP24 SU24

I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA23 SP24 SU24

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 t be considered for an unsubsidized loan? () Yes () No

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

ADD REEDLEY COLLEGE'S SCHOOL CODE TO MY SAR, 001308.

DRN: _____

Please choose housing plans: Off Campus With Parent On Campus

OTHER:

Signature: _____ Date: _____