



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 correct my housing plan to: With Parents ☐ Off Campus ☐ On Campus ☐

- You will need to provide documentation to show the current housing status.
 - i.e. rental/lease agreement
 - i.e. utility bill

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: _____