Department of Financial Aid
115 Aycock Hall
Carrollton, Georgia 30118-4420
Division of Student Affairs and Enrollment Management

AWARD CHANGE REQUEST

PLEASE PRINT ALL INFORMATION:

NAME: _____UWG ID#: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____@my.westga.edu

PHONE NUMBER: Home (_____) _____ Cell (_____) _____

This request is for the academic aid year: ___ 2008-2009 ___2009-2010

AWARD CANCELLATION REQUEST

1. Please ***cancel*** my aid for:

___**Fall** ___**Spring** ___ **Summer**

2. Please ***cancel*** the following awards:

___ ALL financial aid
___ Direct Student loan(s) only: __ **Subsidized** __ **Unsubsidized**
___ Federal Work Study only
___ Parent Plus Loan (parent must sign form below)
___ Perkins Loan
___ Alternative Loan (private loan) Lender: _____

LOAN CHANGE REQUEST

1. Please ***change*** the loan period of my Direct Student Loan to cover:

__ **Fall** ___ **Spring** ___ **Summer**

2. Please ***reduce*** ***or*** ***increase*** **(CIRCLE ONE)** my Direct Student loan to:

$ _____ **Unsubsidized** **$** _____ **Subsidized** **$** _____ **PLUS**
(Enter TOTAL loan amount for entire academic year and if PLUS, parent must sign below)

3. Please ***increase*** my Direct Student Loan because my level in school has changed to:

_____ **Sophomore** _____ **Junior** _____ **Graduate**
(No amount increase is available from junior to senior or senior to certification/provisional graduate)

Student Signature: _____Date:_____

Parent Signature: (for Plus loan only)_____ Date_____