



OFFICE OF FINANCIAL AID
2023-2024 REQUEST FOR CHANGE TO FINANCIAL AID

2024 CFRC01/CFRC02

SECTION 1: STUDENT INFORMATION

NAME: _____ NSHE #: _____

SECTION 2: CHECK ONE OF THE FOLLOWING

I am requesting to **CANCEL MY FINANCIAL AID** for the following periods

- Full Academic Year
 Fall Semester
 Spring Semester
 Summer Semester
(Fall & Spring Semesters)

Type of Financial Aid to be cancelled (please check all that apply):

- All federal/state aid – **NOTE:** Student declining Millennium scholarship must complete Millennium Fund Waiver form and submit at least 14 calendar days prior to the first scheduled disbursement date
 Direct Subsidized Loan
 Direct Unsubsidized Loan
 Other: _____

I am requesting a **REINSTATEMENT OF MY FINANCIAL AID** for the following period(s).

- Full Academic Year
 Fall Semester
 Spring Semester
 Summer Semester

Type of Financial Aid to be reinstated (please check all that apply): Loans that were previously canceled will be reinstated based on eligibility. Students must accept the new loan offer in their MyCSN.

- Pell Grant
 Direct Subsidized Loan
 Direct Unsubsidized Loan

I am requesting a **CHANGE IN MY LOAN DISBURSEMENT** (within 120 days of disbursement only)

I am requesting that CSN return the following loan funds to my lender:

- Direct Subsidized Loan \$ _____
 Direct Unsubsidized Loan \$ _____

SECTION 3: CERTIFICATION

With my signature, I affirm that I have read and understood the Request for Change to Financial Aid process and/or have requested CSN Office of Financial Aid staff to clarify the procedure to my satisfaction. I understand that any balance that occurs because of Aid Cancellation or Adjustment must be repaid in full to CSN. Payment must be made when the balance appears on my student account by cash, money order, cashier’s check, or CSN refund check. I understand it is my responsibility to check MyCSN student account after submitting this form to pay the balance due caused by the requested cancellation.

Students can obtain a copy of Aid Adjustments and Aid Cancellations by accessing their MyCSN Award Screen. The Office of Financial Aid is not responsible for printing, copying, or sending this information to any person or entity outside of CSN.

 Student Signature **(required)**

 Date