A. STUDENT INFORMATION:

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<th>NSHE ID</th>
<th>PHONE NUMBER (WITH AREA CODE)</th>
<th>EMAIL ADDRESS</th>
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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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<th>PERMANENT ADDRESS</th>
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AWARD YEAR __________

B. CHECK ONE OF THE FOLLOWING:

☐ I would like to CANCEL MY FINANCIAL AID and request that CSN cancel my aid for the following period(s)

☐ Full Academic Year

☐ Spring & Summer (If Fall was already funded)

☐ Summer Only (If Fall and Spring were already funded)

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

☐ All federal grants/state aid

☐ Direct Stafford Loan (Subsidized)

☐ Unsubsidized Direct Loan

Note: Millennium Scholarship funds are NOT covered by this Request to Change Financial Aid form. Any cancellation/change to Millennium MUST be completed on the Millennium Scholarship Funds Waiver Form at least two (2) weeks prior to the start of the semester concerned if students do not wish to receive Millennium Scholarship Funds.

☐ I would like to REINSTATE MY FINANCIAL AID and request that CSN reinstate my previously cancelled Pell Grant award for the following period(s) – Please check one:

☐ Full Academic Year

☐ Fall Only

☐ Spring & Summer

☐ Summer Only

Note: this request is ONLY for the Pell Grant if you're eligible. If you are requesting a reinstatement of Student Loans, please complete the Loan Request Update Form in person to one of the 3 CSN Financial Aid Offices with a valid, government issued photo ID.

☐ LOAN DISBURSEMENT AID ADJUSTMENT (within 120 days of disbursement only):

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

☐ Direct Stafford Loan (Subsidized) $_______

☐ Unsubsidized Direct Loan $_______

Note: if your loan was disbursed more than 120 days, you will need to contact the lender directly.

SCHOOL USE ONLY – DO NOT WRITE BELOW

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<th>CANCELLATION PROCESSED</th>
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<th>REINSTATEMENT PROCESSED</th>
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W. CHARLESTON CAMPUS     CHEYENNE CAMPUS     HENDERSON CAMPUS     RURAL CAMPUSES
C. PLEASE READ AND INITIAL:

_____ I understand that the Financial Aid Office (FAO) will make every effort to process my Request for Change in Financial Aid form on the workday following receipt of this form, but I am aware that this may take up to one to two weeks following receipt of this form.

_____ I understand that due to other CSN internal processes, FAO cannot process this Request for Change in Financial Aid form on Wednesdays.

_____ I understand that if my Request for Change to Financial Aid form is for funds that have already disbursed to my CSN student account, I must repay the affected amount in full. CSN refund checks may also be resubmitted to the cashier’s office for posting to my MyCSN student account.

_____ I understand that if funds must be repaid, it is my responsibility to check my MyCSN student account daily following the workday of submitting my Request for Change in Financial Aid to see if the amount to be repaid has been debited from my account.

_____ I understand that any payment must be made by 3:00 PM of the day the amount to be repaid shows on my MyCSN student account. If payment is not made by 3:00 PM, the transaction will be reversed and my Request for Change to Financial Aid form will be cancelled.

_____ I understand that if I need to submit proof of financial aid cancellation to another institution of higher learning, I will print out my MyCSN Award screen that shows that I am not awarded any aid at CSN. The FAO is not responsible for printing, copying, or sending this information to any person or entity outside of CSN.

D. SIGN AND DATE:

With my signature, I affirm that I have read and understood the Request for Change to Financial Aid process and/or have requested FAO staff to clarify the procedure or parts thereof to my full satisfaction. I understand that any Aid Cancellation or Adjustment will not be processed until amounts already disbursed to me are repaid to CSN in full. Payment must be made on the day the balance appears on my student account by cash, money order, cashier’s check, or CSN refund check.

The person signing this form certifies that all information reported on it is complete and correct.

______________
Student Signature (required)   Date  NSHE ID

WARNING: Any person(s) signing this worksheet declares under penalty of perjury that all information provided herein is true and to the best of his/her knowledge. Any person(s) who purposefully gives false or misleading information will forfeit federal aid eligibility and may be fined up to $20,000, sent to prison or both.