



OFFICE OF FINANCIAL AID
REQUEST FOR CHANGE TO FINANCIAL AID

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.