



**OFFICE OF FINANCIAL AID**  
**REQUEST FOR CHANGE TO FINANCIAL AID**

**A. STUDENT INFORMATION**

NSHE ID \_\_\_\_\_ PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

AWARD YEAR: \_\_\_\_\_

**B. CHECK ONE OF THE FOLLOWING:**

- I am requesting to **CANCEL MY FINANCIAL AID** for the following period(s).
- Full Academic Year (Fall & Spring Semesters)     
  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/state aid – **Note:** Students declining Millennium scholarship must complete the Millennium Fund Waiver form and submit at least 14 calendar days prior to the first scheduled disbursement date.  
 Direct Subsidized Loan  
 Direct Unsubsidized Loan

- I am requesting to **REINSTATE my Pell Grant** for the following period(s) – Please check one.

- Full Academic year     
  Fall Only     
  Spring & Summer     
  Summer Only

**Note:** 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 or submit notarized copies to [loaninfo@csn.edu](mailto:loaninfo@csn.edu).

- LOAN DISBURSEMENT ADJUSTMENT** (within 120 days of disbursement only)

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

- Direct Subsidized Loan: \$ \_\_\_\_\_  
 Direct Unsubsidized Loan: \$ \_\_\_\_\_

**C. 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 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 on the day 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 Financial Aid Office is not responsible for printing, copying, or sending this information to any person or entity outside of CSN.**

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

\_\_\_\_\_  
 Student Signature (required) Date

**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.

**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW**

|                         | SIGNATURE | DATE |
|-------------------------|-----------|------|
| CANCELLATION PROCESSED  |           |      |
| REINSTATEMENT PROCESSED |           |      |