



OFFICE OF FINANCIAL AID  
2026-2027 REQUEST FOR CHANGE TO FINANCIAL AID

2027 CFRC01/CFRC02

**SECTION 1: STUDENT INFORMATION**

NAME: \_\_\_\_\_ NSHE #: \_\_\_\_\_

**SECTION 2: CHECK ONE OF THE FOLLOWING**

☐ I am requesting to **CANCEL** 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:** Students seeking to decline their Millennium scholarship must complete and submit the Millennium Fund Waiver form at least 14 calendar days prior to the first scheduled disbursement date.
- ☐ Federal Direct Subsidized Loan
- ☐ Federal Direct Unsubsidized Loan
- ☐ Other: \_\_\_\_\_

☐ I am requesting the **REINSTATEMENT** of my financial aid for the term(s) indicated below. If my aid was canceled at CSN or is currently on hold due to receiving aid at another school, I have attached documentation showing that the aid had been canceled at the other institution(s).

☐ Full Academic Year ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

Check the type(s) of financial aid you want reinstated:

- ☐ Federal Pell Grant
- ☐ Federal Direct Subsidized Loan\*
- ☐ Federal Direct Unsubsidized Loan\*

\* Loans may be re-offered based on eligibility and must then be accepted in MyCSN.

☐ I am requesting to have a returned financial aid refund re-issued. Before making this request, I updated my direct deposit data with the CSN Cashier or my mailing address at the CSN Registrar's Office. I understand I must meet current financial aid eligibility rules. Financial aid restoration is based upon the availability of funding and is not guaranteed.

☐ I am requesting a loan disbursement **MODIFICATION** (within 120 days of a loan disbursement):  
I am requesting that CSN return the following loan funds to my lender:

☐ Federal Direct Subsidized Loan \$ \_\_\_\_\_

☐ Federal 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 resulting from this request is my responsibility and will be paid by me to CSN within 24 hours. I understand it is my responsibility to check MyCSN student account after submitting this form.

\_\_\_\_\_  
Student Signature (*required*)

\_\_\_\_\_  
Date

**Students may obtain a copy of financial aid changes 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.**