

**THE UNIVERSITY OF OKLAHOMA**  
**Student Financial Center**  
 1000 Asp Avenue, Room 105  
 Norman, Oklahoma 73019-4078  
 Phone (405) 325-9000 Fax (405) 325-7608  
[www.ou.edu/sfc](http://www.ou.edu/sfc)

## AID REVISION REQUEST

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**SSN #:** \_\_\_\_\_ **SOONER ID #:** \_\_\_\_\_

**Note:** You cannot update the number of members in your household after you file your FAFSA.

**A. Change in enrollment plans. You must inform us of these changes.**

**Note:** Graduate Students do not need to update their enrollment status.

\_\_\_\_\_ I will be a part-time undergraduate student and enroll at OU in \_\_\_\_\_ hours for Fall \_\_\_\_\_ hours for Spring.

\_\_\_\_\_ I will be a full-time undergraduate student and enroll at OU in \_\_\_\_\_ hours for Fall \_\_\_\_\_ hours for Spring.

\_\_\_\_\_ I will graduate in December:

\_\_\_\_\_ Please cancel my Spring awards.

\_\_\_\_\_ I am admitted to a graduate or teacher certification program for Spring. Revise my financial aid accordingly.

**Note:** If you are admitted as a Special student, you must also complete a Special Student Certification Form available from this office. Completion of this form does not guarantee aid.

\_\_\_\_\_ My graduation date has changed from \_\_\_\_\_ to \_\_\_\_\_. **Note:** Students extending their graduation date may be required to submit an Academic Appeal to explain the extension before additional financial aid eligibility can be determined.

\_\_\_\_\_ I will not attend OU: \_\_\_\_\_ Fall \_\_\_\_\_ Spring Please cancel my awards and deactivate my file.

\_\_\_\_\_ I intend to return to OU for the \_\_\_\_\_ semester. \_\_\_\_\_ I do not intend to return to OU.

**B. Change in aid preference. You may request this change only ONCE per academic year.**

\_\_\_\_\_ My aid preference has changed from **work to loan**. You must provide a specific reason for declining your work-study award in the section below labeled "other". Please cancel my Work-Study and process any remaining loan eligibility.

\_\_\_\_\_ My aid preference has changed from **loan to work**. Please consider me for Federal Work-Study instead of a loan.

\_\_\_\_\_ I would like to request the maximum available Work-Study (\$4000 Fall/Spring) or \$\_\_\_\_\_. Please adjust my student loans accordingly.

**C. Other changes.**

\_\_\_\_\_ I will now be paying Oklahoma resident tuition rates effective \_\_\_\_\_ semester.

\_\_\_\_\_ As of \_\_\_\_\_ (date) I will be living \_\_\_\_\_ on-campus \_\_\_\_\_ off-campus \_\_\_\_\_ with my parents.

**Note:** University apartments are considered to be On-Campus. Fraternity and sorority houses are considered to be Off-Campus.

\_\_\_\_\_ Other: \_\_\_\_\_

If you have questions about requesting a revision in your award, please consult a Financial Aid Advisor **before** submitting this form.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date