

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

AID REVISION REQUEST

NAME: _____ PHONE #: _____

Last 4 of 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. 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 or Academic Progress Review form 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** 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 parent _____ on campus with dependents

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 to your aid, please contact the Student Financial Center **before** submitting this form.

Student Signature

Date