

THE UNIVERSITY OF OKLAHOMA  
Student Financial Center  
1000 Asp Avenue, Room 105  
Norman, Oklahoma 73019-4078  
Phone (405) 325-9000 Fax (405) 325-7608  
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