

FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT

FINANCIAL AID AWARD - REVISION REQUEST

Name: _____ SID#: _____

Please make the following changes to my financial aid award for the school year _____

- Cancel my financial aid application or award. I'm transferring to the following college: _____
 - Decline Federal Work-Study
 - Reduce Direct Loan Subsidized to \$ _____
 - Reduce Direct Loan Unsubsidized to \$ _____
 - Add my Foothill and De Anza units together for the following quarter(s): _____
 - Other (please explain) : _____
- _____
- _____

Every effort will be made to accommodate your request. Please check your Financial Aid Award in MyPortal within two weeks to see a revised award.

Student Signature

Date

FOR OFFICE USE ONLY		
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Initials _____
Comments: _____		
