

AWARD LETTER REVISION REQUEST

2017-2018 Academic Year

SIU School of Medicine's Financial Aid Office strives to provide a financial aid package that best meets your needs. If you need to request a change or correction to your electronic Award Letter, or you will not be attending SIU School of Medicine and you must cancel your awards, complete and return this form to the SIU School of Medicine's Financial Aid Office.

Student's Last Name First Name Middle Initial Dawg Tag #

Street Address City State Zip Area Code & Phone No.

Check here if you will NOT be attending SIU School of Medicine for the 2017-2018 academic year and want to cancel your financial aid awards.

I will be receiving the following financial aid that is NOT listed on my award letter.

| Name of Financial Aid Award | Amount of Award | | | Total Amount |
|-----------------------------|-----------------|-------------|-------------|--------------|
| | Fall 2017 | Spring 2018 | Summer 2018 | |
| | | | | |
| | | | | |
| | | | | |

I am requesting the following revision to my award letter:

| | | | Amount per Semester | | | Total Amount | | |
|--------------------------|--|--------------------------|---------------------|--------------------------------|-------------|--------------|--|--|
| | | | Fall 2017 | Spring 2018 | Summer 2018 | | | |
| <input type="checkbox"/> | Reduce | <input type="checkbox"/> | Increase | Unsubsidized Stafford Loan to: | | | | |
| <input type="checkbox"/> | Reduce | <input type="checkbox"/> | Increase | Federal Grad PLUS Loan to: | | | | |
| <input type="checkbox"/> | I need to borrow my student contribution from an Unsubsidized Stafford/Grad PLUS loan. | | | | | | | |

Student's Signature: _____ Date: _____

Allow one week for loan processing, after all forms have been submitted.