## AWARD LETTER REVISION REQUEST 2018-2019 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.

				Dawg Tag				Class of:	
Last Name	First Name		Middle	Middle Initial					
eet Address City		State	State Zip			Area Code & Phone No			
Check here if you will <b>N</b> ( year and want to cancel				Medic	ine fo	r the 2	018-2	019 academic	
will be receiving the follow	ing financ	ial aid tha	at is <u>NOT</u> li	sted o	n my a	award	letter.		
Name of Financial Aid Award		A	mount of	ınt of Award					
		Fall 2018	Spring 201	ring 2019 Summe		r 2019   Total		Amount	
am requesting the followin	g revisior	n to my av	vard letter:						
			Am	Amount per Semeste					
			Fall 201	8 Spri	ing 2019	Summer 2019		Total Amount	
Reduce Increase Unsubs	sidized Sta	fford Loan	to:						
Reduce Increase Federa	Federal Grad PLUS Loan to:								
☐ I need to borrow my stud Unsubsidized Stafford/G			n an						
			l	ı				ı	
Student's Signature:						Dat			

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