## AWARD LETTER REVISION REQUEST 2023-2024 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	j #	Class of:	
Last Name	First Name		Middle In	Middle Initial			
treet Address	t Address City		State	Zip		Area Code & Phone No	
☐ Check here if you will <u>N</u> year and want to cancel				ledicine fo	r the 2022-2	2023 academic	
will be receiving the follow	ring financial	aid that is	s <u>NOT</u> list	ed on my a	ward letter		
Name of Financial Aid Award		Amo	unt of A	ınt of Award			
		2023 S	pring 2024	ring2024 Summer2		Amount	
am requesting the following	ng revision to	my awar	d letter:				
			Amo	unt per S	emester		
			Fall 2023	Spring 2024	Summer2024	Total Amount	
Reduce Increase Unsub	Unsubsidized Stafford Loan to:						
Reduce Increase Federa	Federal Grad PLUS Loan to:						
☐ I need to borrow my studentsubsidized Stafford/0							
				<u>I</u>	ı	-	
Student's Signature:							

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