

# AWARD LETTER REVISION REQUEST

## 2025-2026 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 Initial			
Street Address		City	State	Zip	Area Code & Phone No.

☐ Check here if you will **NOT** be attending SIU School of Medicine for the 2025-2026 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
	Fall2025	Spring2026	Summer2026	

I am requesting the following revision to my award letter:

			Amount per Semester			Total Amount
			Fall2025	Spring2026	Summer2026	
<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.