

## **Student Financial Aid Revision Form**



| Name  |                                     |                        | Student ID# (CWID)                |  |
|---|-------------------------------------|------------------------|-----------------------------------|--|
| Last  | First                               | MI                     | ,                                 |  |
| If graduating this year, in   | ndicate your fina                   | ıl term                |                                   |  |
| If you are <b>not</b> attending the fu<br>available for the trimesters yo |                                     |                        | which trimesters you will attend. | This will help us make your aid  |
| ☐ Fall 20<br>☐ Spring 20<br>☐ Summer 20                                   |                                     |                        |                                   |  |
| If you would like to change th<br>for more than one semester r            |                                     |                        |                                   | nange below. Please note that loans                                      |
| Please consider me for the fol  | llowing award char                  | ige:                   |                                   |  |
|   | Fall                                |                        | Spring                            | Summer   |
| Subsidized Stafford Loan  | \$                                  | _                      | \$                                | \$   |
| Unsubsidized Stafford Loan  | \$                                  | _                      | \$                                | \$   |
| *Parent PLUS  | \$                                  | _                      | \$                                | \$   |
| offer an additional I will not be atter                                   | al unsubsidized<br>nding three term | loan.<br>ns and reques |                                   | endorser or override. Please only the terms indicated. This down amount. |
| ☐ Other reason or €   | explanation:                        |                        |                                   |  |
|   |                                     |                        |                                   |  |
|   |                                     |                        |                                   |  |
| *Parent Signature   |                                     | <br>Date               | Student Signature                 | Date   |

Please return form to:

**OSUIT Financial Aid & Scholarships** 

1801 E. 4<sup>th</sup> St., Okmulgee, OK 74447 918.293.4684 (Phone) | 918.293.4650 (fax)

osuitfinancialaid@okstate.edu