

**Request to Change form (Instructions)****Request to Change Form instructions****Aid Year: 21/22****Request to change (Aid adjustments)**

Complete this form to request an increase or decrease to aid that you have already accepted or declined. This form can also be used to request aid that has not yet been offered for which you would like to be considered; such as Federal Work Study or a PLUS loan.

Parent PLUS note: A Parent PLUS loan cannot be increased using this form, reductions only. The parent borrower would need to complete a new PLUS application online at Studentloans.gov to increase the amount already awarded.

Return the completed, signed and dated form to the Office of Financial Aid:

Mail: LLU Office of Financial Aid, 11139 Anderson St., Loma Linda, CA 92350

Fax: (909) 558-4283

Email: Scan document as a PDF. Attach to email message and send to finaid@llu.edu and/or your financial aid advisor.

Bring in: Student Services Center, through the front entrance on the left hand side



Request to Change (Aid adjustments)

Student Information

Aid Year: 21/22

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Please check the school you are attending:

- Allied Health, Dental Hygiene, Dentistry, Medicine, Nursing, Pharmacy, Public Health, Interdisciplinary Studies, Religion, Behavioral Health, IDP, PT, Expected Graduation or Program Completion Date: (MM/YYYY) _____ / _____

Aid Adjustments

Federal Work Study (FWS) adjustments

- Increase awarded amount, Decrease awarded amount, Add FWS award, Cancel FWS award, Cancel/reduce award and replace with a loan*

*(Please indicate how much FWS, if any, has been earned to date)

FWS earnings earned \$ _____

Loan adjustments (Check loan(s) to be adjusted)

- Graduate PLUS Loan, Parent PLUS Loan (reduction only), Direct Stafford Loan: Subsidized, Unsubsidized, Private Student Loan, Loma Linda Institutional Loan

Action to be taken

- Decrease loan by: \$ _____, Return credit balance \$ _____, Cancel full loan, Cancel term disbursement: Check disbursement(s) to be cancelled below. Summer, Fall, Winter, Spring, Increase loan from \$ _____ to \$ _____, Request maximum allowable loan, Reinstate declined loan, Decrease loan and replace with FWS, Other (Write detail explanation in the section below)

Other

Blank lines for other information

Certification

I certify that all the information reported on this form is true and accurate to the best of my knowledge.

Student's Signature: _____ Date: _____ / _____ / _____

Office Use Only

Received by: _____

Comments: _____

Completed by: _____ Date: _____ / _____ / _____

If you have any questions, please email Finaid@llu.edu or call (909) 558-4509