Request to Change Form (Instructions)

Request to Change Form Instructions

Aid Year: 22/23

Request to Change (Enrollment Status)

Complete this form to make changes to your previously reported enrollment plans or number of units you expect to enroll in for each term.

This form can also be used if you will be enrolling in a field practicum (lower cost than per unit charge) or using the Load Validation process to reach at least half-time enrollment status.

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

E-mail: Scan document as PDF. Attach to e-mail message, 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 (Enrollment Status)

Student Information

Aid Year: 22/23

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

Expected Graduation Date or Program Completion: (MM/YYYY) _____ / _____

Changes to Enrollment Status

*** You must be enrolled at least half-time (6 units for undergraduates, 4 units for graduates) to be eligible for financial aid. Please be advised that changes to the number of units you plan to enroll in may result in a reduction or cancellation of financial aid.

☐ Academic Year 2022/2023 I will not be enrolled for the :

Circle applicable term(s) Summer Fall Spring

☐ I have changed my enrollment status as shown below (do not leave any term blank, use 0 if you will not be enrolled for a term):

Summer Units _____ Fall Units _____ Winter Units _____ Spring Units _____

☐ I will be enrolled in a Field Practicum:

Enrollment for Field Practicum (do not leave any term blank, use 0 if you will not be enrolled for a term):

Summer Units _____ Fall Units _____ Winter Units _____ Spring Units _____

☐ I have been approved for Load Validation:

Approved Load Validation units (do not leave a term blank, use 0 if you will not be enrolled for a term):

Summer Units _____ Fall Units _____ Winter Units _____ Spring Units _____

☐ Other: (write a detailed explanation below):

Other

OTHER : _____

_____

_____

_____

_____

Certification

I certify that all the information reported on this form, as well as all supporting documents, is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

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

For Office Use Only

Comments : _____

_____

Completed by : _____ Date : _____ / _____ / _____

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