



## REQUEST TO CHANGE FORM (INSTRUCTIONS)

### 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 page 2 of document as PDF. Attach to e-mail message, send to [finaid@llu.edu](mailto: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: 23/24

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 2023/2024 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](mailto:Finaid@llu.edu) or call (909) 558-4509