



REQUEST TO CHANGE FORM (INSTRUCTIONS)

REQUEST TO CHANGE FORM

AID YEAR: 26/27

Request to Change (Report Outside Assistance)

Complete this form to report any outside awards and/or graduate aid such as tuition assistance, stipend, etc. that you will be receiving during the school year. The assistance could be in the form of a one time payment or paid throughout the school year. You should indicate the total amount of the award you will receive from July 1, 2026 to June 30, 2027

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 and/or your Financial Aid Advisor

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



REQUEST TO CHANGE (REPORT OUTSIDE ASSISTANCE)

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STUDENT INFORMATION

AID YEAR: 26/27

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) _____ / _____

NOTIFICATION OF OUTSIDE ASSISTANCE

*** Under the Conditions of Financial Aid, students are required to report any outside awards and/or graduate aid (including tuition assistance, educational allowance, fellowships, stipends, scholarships, etc.) that you will be receiving for the entire academic year. Please be advised that outside assistance may result in a reduction or cancellation of financial aid.

☐ I will be receiving the following assistance :

Name of Award

Total Award Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____

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 : _____

Reviewed by : _____ Date : _____ / _____ / _____

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

LOMA LINDA UNIVERSITY