FINANCIAL ASSISTANCE CHANGE REQUEST

NAME ___________________________ STUDENT ID ______________

ACADEMIC YEAR __________________

TELEPHONE _______________________

ACADEMIC INFORMATION:

☐ FRESH  ☐ SOPH  ☐ JR  ☐ SR  ☐ Graduate  ☐ Other

CHANGE REQUEST:

I request a change in my current financial aid package for the following term(s):

☐ Fall  ☐ Spring  ☐ Summer I  ☐ Summer II

TYPE OF REVISION REQUESTED:

☐ Adjustment to the cost of attendance for child care expenses. I have attached documentation.

☐ Additional Work-study funds, if available

☐ Additional Loan Funds
  ☐ Subsidized  Amount Requested $ ________________ or  ☐ Maximum for which I qualify
  ☐ Unsubsidized  Amount Requested $ ________________ or  ☐ Maximum for which I qualify

☐ Cancel Financial Aid Package

☐ Cancel Work-study Award

☐ Other adjustments- A detailed explanation is required this request:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: ________________________

Mail the completed application to:
Texas A&M University-Corpus Christi
Office of Student Financial Assistance
6300 Ocean Drive, Unit 5772
Corpus Christi TX 78412-5772
361-825-6095 FAX