

TEXAS A&M UNIVERSITY-CORPUS CHRISTI  
OFFICE OF STUDENT FINANCIAL ASSISTANCE  
FINANCIAL ASSISTANCE CHANGE REQUEST

NAME \_\_\_\_\_ STUDENT ID A \_\_\_\_\_

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