



# 2023-2024 REQUEST FOR REVISION

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NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

## AWARD REVISION

I want to cancel all of my funding (except for the fee waiver) for the following semester(s): \_\_\_\_\_

I want to decline the following award: \_\_\_\_\_ FA23  SP24  SU24

I want to put my Federal Pell Grant on hold for (check all that apply): FA23  SP24  SU24

I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA23  SP24  SU24

I want to increase my Direct Loan. Additional amount requested: \$\_\_\_\_\_

\*If you are requesting an increase and are ineligible to receive the full amount requested in a subsidized loan, do you want t be considered for an unsubsidized loan? ( ) Yes ( ) No

I want to decrease my Direct Loan. Amount of reduction: \$\_\_\_\_\_

## ADD CLOVIS COLLEGE'S SCHOOL CODE TO MY FAFSA, 042534.

DRN: \_\_\_\_\_

Please choose housing plans: Off Campus  With Parent

## OTHER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_