



2024-2025 REQUEST FOR REVISION

Phone: (559) 325-5239 Fax: (559) 499-6063 Address: 10309 N. Willow Ave. Fresno, CA 93730 Email: financialaid@cloviscollege.edu

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: _____ FA24 SP25 SU25

I want to put my Federal Pell Grant on hold for (check all that apply): FA24 SP25 SU25

I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA24 SP25 SU25

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: _____

OTHER:

Signature: _____ Date: _____