

Financial Aid Change Form

If you have received a Financial Aid Award Notification (FAAN), you may use this form to 1) reduce or decline financial aid awards that have been offered to you, 2) report changes in eligibility factors, 3) report receipt of awards not listed on your FAAN or 4) report that you will be graduating at the end of the upcoming Fall semester. If you wish to accept all of your aid and do not have any changes to report, DO NOT SUBMIT THIS FORM.

Name			VCU Student Number
Last	First	MI	

Monroe Park Campus
 School of Allied Health Professions, Nursing, or Pharmacy
 School of Dentistry
 School of Medicine

1. Please check the four boxes that indicate your enrollment status and housing plans for the academic year (indicate year): _____

Fall	Spring	Intended VCU enrollment status	Fall	Spring	Intended VCU housing plans
		Full-time: 12+ undergraduate credit hours 9+ graduate/professional credit hours			On-campus
		3/4 time: 9-11 undergraduate credit hours Not applicable for graduate/professional students			Off-campus with parent
		1/2 time: 6-8 undergraduate credit hours 5-8 graduate/professional credit hours			Off-campus not with parent
		Less than 1/2 time at VCU			Not enrolled at VCU
		Not enrolled at VCU			

2. Complete this question if you wish to reduce or decline the financial aid amount(s) offered on your Financial Aid Award Notification (FAAN). List the amount that you wish to receive in each column; if you are declining an award, enter \$0 in all three columns. Do not list any awards that you want to remain exactly as shown on your FAAN.

Program to reduce or decline	Fall amount	Spring amount	Total amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

3. Please report any financial assistance that you will receive that is not currently shown on your Financial Aid Award Notification (FAAN); complete all three columns even if the amount for one of the semesters is \$0. You must report any private scholarships, VCU departmental scholarships, book scholarships, employee tuition waivers, or any other funds to be paid on your behalf. Do not include anticipated withdrawals from a Virginia Education Savings Trust (VEST) account, Virginia Prepaid Education Program (VPEP), EE Savings Bonds or Education IRA.

Name of fund/scholarship source	Fall amount	Spring amount	Total amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Are you planning to graduate at the end of the upcoming Fall semester? No Yes

5. Certification statement: I certify that the information provided on this form is complete and correct to the best of my knowledge and that I will notify the VCU Office of Financial Aid within 10 days of any information change.

Signature	Date
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Mail this form to: VCU Office of Financial Aid P.O. Box 843026 Richmond, VA 23284-3026	Fax this form to: (804) 827-0060	Or hand deliver this form to: 901 W. Franklin St. Shafer Court Entrance Room 107
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