

Summer 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 Summer session. If you wish to accept all of your aid and do not have any changes to report, **DO NOT SUBMIT THIS FORM.**

Name

Last	First	MI
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VCU Student ID

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

1. Please check the two boxes that indicate your enrollment status and housing plans for the Summer (indicate year) _____.

Check One	Intended VCU enrollment status
<input type="checkbox"/>	Full-time: 12+ undergraduate credit hours 9+ graduate/professional credit hours
<input type="checkbox"/>	3/4 time: 9 – 11 undergraduate credit hours Not applicable for graduate/professional students
<input type="checkbox"/>	1/2 time: 6 – 8 undergraduate credit hours 5 – 8 graduate credit/professional credit hours
<input type="checkbox"/>	Less than 1/2 time at VCU
<input type="checkbox"/>	Not enrolled at VCU

Check One	Intended VCU housing plans
<input type="checkbox"/>	On-campus
<input type="checkbox"/>	Off-campus with parent
<input type="checkbox"/>	Off-campus not with parent
<input type="checkbox"/>	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; if you are declining an award, enter \$0. Do not list any awards that you want to remain exactly as shown on your FAAN.

Program to reduce or decline	Summer amount
	\$
	\$
	\$

3. Please report any financial assistance that you will receive during the Summer session that is not currently shown on your Financial Aid Award Notification. 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 (VPEP) withdrawals, EE Savings Bonds, or Education IRAs.**

Name of fund/scholarship source	Summer amount
	\$
	\$
	\$

4. Are you planning to graduate at the end of the Summer session? 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

<p>Mail this form to: VCU Office of Financial Aid P.O. Box 843026 Richmond, VA 23284-3026</p>	<p>Fax this form to: (804) 827-0060</p>	<p>Or hand deliver this form to: 901 W. Franklin St. Shafer Court Entrance Room 107</p>
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Virginia Commonwealth University • Division of Student Affairs and Enrollment Services • Office of Financial Aid • P.O. Box 843026 • Richmond, VA 23284-3026

(804) 828-6669 • Fax (804) 827-0060

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