Financial Aid Office

P.O. Box 14007 • Salem, OR 97309 503.399.5018 • Fax 503.399.5528 financialaid@chemeketa.edu



Request for Change

For Use AFTER Financial Aid Has Been Awarded

Student Name:	Student ID Number: K			
Allow A Minimum C	of Two Weeks To Proce	ss Request		
Change Enrollment Level:			[] 3/4-time (9-11 credits)[] Half-time (6-8 credits)[] Less than half-time	[] 3/4-time (9-11 credits) [] Half-time (6-8 credits) [] Less than half-time
Change Loans:	Change my loans to reflect the following: [] I would like to accept \$ in Direct Loan(s) that I declined or was not eligible to borrow. (YEARLY dollar amount – Not per term amount) [] I would like to decline \$ in Direct Loan(s) that I previously accepted. (YEARLY dollar amount – Not per term amount)			
	[] My parent would like to be considered for PLUS loan eligibility. Parent name (printed). Parent signature (required) Please Note: Your Parent is responsible for repayment of this loan.			
Other Changes:	Please make the followi	ng other changes to my	financial aid:	
Student signature		Date		