

Complete and return to: Southern Connecticut State University Office of Financial Aid and Scholarships, WT Room 117 501 Crescent Street, New Haven, CT 06515 Documents may be submitted by email to financialaid@southernct.edu, by mail or in person.

2020-2021 CHANGE OF AWARD FORM

Student ID Number		Date			
Last Name		First Name			M.I
Pleas	se complete the section(s) that applies to	the change(s)	you wish to m	ake.	
1	I want to adjust my loan(s). Please enter the current and new amount.				
Ŧ		FALL 2020 Amount		SPRING 2021 Amount	
		Current	New	Current	New
	Direct Subsidized Loan	\$	\$	\$	\$
	Direct Unsubsidized Loan	\$	\$	\$	\$
	Direct PLUS Loan (Parent/Graduate)	\$	\$	\$	\$
	Other:	\$	\$	\$	\$
	I am returning my fall refund and would like my spring loan disbursement reduced to prevent over borrowing and keep the loan disbursements equal Yes No				
3	Graduate - (Part-time = 4.5 credits/semester) (Full-time = 9 credits/ semester) Number of credits per semester: Fall 2020 credits Spring 2021 credits Credits I will not be attending SCSU. Fall 2020 Spring 2021 (Contact the Registrar's office.)				
4	I want to update my housing status to: On campus Off Campus With Parent				
	e sign the form in black/blue ink. We do not ent Signature	-	-	Date	
(Required)					
	nt Signature t PLUS Loan Borrower Required)			Date	
Warnii	ng: If you purposely give false or misleading information on, you will forfeit institutional eligibility.	and/or fraudulently	sign this form, you	may be fined, senten	ced to jail or both. In
For Office Use Only		FA Officer Initials:			
Processed Co		omments:			

□ Not Processed

_omments: _