Southern Connecticut State University

SCSU

Office of Financial Aid and Scholarships

2025-2026 CHANGE OF AWARD FORM

Student ID Number _____   **Date** _____

Last Name _____ **Legal First Name** _____ **M.I.** _____

Please complete the section(s) that applies to the change(s) you wish to make.

1

I want to adjust my aid. Please enter the current and new amount.

	FALL 2025 Amount		SPRING 2026 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

2

I will be enrolled ☐ PART-TIME ☐ FULL-TIME. (Grants & loans may be affected)

☐ <u>Undergraduate</u> - (Part-time = 6 credits/semester) (Full-time = 12 credits/semester)
Number of credits per semester: Fall 2025 _____ credits   Spring 2026 _____ credits

☐ <u>Graduate</u> - (Part-time = 4.5 credits/semester) (Full-time = 9 credits/semester)
Number of credits per semester: Fall 2025 _____ credits   Spring 2026 _____ credits

3

I will not be attending SCSU. ☐ Fall 2025   ☐ Spring 2026   (Contact the Registrar's office.)

4

I want to update my housing status to: ☐ On campus   ☐ Off Campus   ☐ With Parent

Please sign with a black/blue pen, digital or electronic signature. Please use the **secure document upload portal** to submit your complete form. **We do not accept typed signatures.**

Student Signature _____ **Date** _____
(Required)

Parent Signature _____ **Date** _____
(Parent PLUS Loan Borrower Required)

Warning: If you purposely give false or misleading information and/or fraudulently sign this form, you may be fined, sentenced to jail or both. In addition, you will forfeit institutional eligibility.

Rev. 7/2025