

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)

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

Graduate - (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. If digital or electronic, be sure to send this document to financialaid@southernct.edu from your SCSU email address. **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.