



Student Financial Aid 2019-20 Award Adjustment Form

Name: _____ UK ID: _____

Only complete the section(s) you need to have adjusted.

Section A: Cancellation, Reduction, Increase, or Reinstatement of Financial Aid

1. ___ I decline all of my financial awards.
2. ___ I request my Subsidized Federal Direct Loan (FDL) be **increased** by the amount(s) shown:
Fall 2019 \$_____ Spring 2020 \$_____ Summer 2020 \$_____
3. ___ I request my Unsubsidized Federal Direct Loan (FDL) be **increased** by the amount(s) shown:
Fall 2019 \$_____ Spring 2020 \$_____ Summer 2020 \$_____
4. ___ I request my Graduate Plus Federal Direct Loan (FDL) be **increased** by the amount(s) shown:
5. ___ I request my Subsidized (FDL) be reduced to these totals: Fall 2019 \$_____ Spring 2020 \$_____ Summer 2020 \$_____
6. ___ I request my Unsubsidized (FDL) be reduced to these totals: Fall 2019 \$_____ Spring 2020 \$_____ Summer 2020 \$_____
7. ___ I request my Graduate Plus (FDL) be reduced to these totals: Fall 2019 \$_____ Spring 2020 \$_____ Summer 2020 \$_____
8. ___ Please reinstate my aid for: ___ Fall 2019 ___ Spring 2020 ___ Summer 2020

Section B: Revision in Housing Status

I will live:	Fall 2019 with Parents	Spring 2020 with Parents	Summer 2020 with Parents
I will live:	Fall 2019 Residence Hall	Spring 2020 Residence Hall	Summer 2020 Residence Hall
I will live:	Fall 2019 Off Campus	Spring 2020 Off Campus	Summer 2020 Off Campus

Section C: Notification of Part-time Enrollment

If you plan to enroll part-time, indicate the number of credit hours: _____ Fall 2019 _____ Spring 2020 _____ Summer 2020
Note: Certain financial aid programs require a student to be enrolled full-time. Therefore, by attending part-time your awards are subject to cancellation or reduction. Also, a student must be enrolled at least half-time (**6 credits- ungraduated and 5 credits- graduate**) to remain eligible for a Federal Direct Loan.

Section D: Notification of December Graduation

My anticipated graduation date is: _____ / _____. Awards will be adjusted if you graduate in December.
Month Year

By signing below, I authorize the Office of Student Financial Aid to adjust my aid according to the information provided.

Student Signature

Phone Number

Date

Email