



2009-2010 REVISION REQUEST FOR FINANCIAL AID

MAIL OR FAX COMPLETED FORM TO:

Hamline University
 Office of Financial Aid
 1536 Hewitt Avenue
 St. Paul, MN 55104
 Voice: 651.523.3000
 Fax: 651.523.2585

Name of Student (Please Print)	
Last	First MI
Date	Telephone Number
	()
Hamline ID#	Email Address
SIGNATURE:	

Student's Signature	

Type of Student (please check):

Undergraduate: _____ Post-Bac: _____

Law: _____ Graduate/License: _____

Instructions:

You must **1) Complete and sign** the student information section above; **2) Complete the section of this form that applies to your situation**; **3) Submit this form** to the Student Administrative Services Office for processing.

Section A: Change in Residence Status

I plan to live: On Campus _____ Off Campus _____ During: Fall Term _____ Spring Term _____

Section B: Work Study

A) Convert work-study into a loan? Yes _____ No _____ Amount \$ _____

B) Convert a loan into work-study? Yes _____ No _____ Amount \$ _____

Section C: Adjustment in Credit Load and/or Study Away

Number of credits I will be registered for: Summer _____ Fall _____ Winter _____ Spring _____

I will study away in 2009-2010: Summer _____ Fall _____ Winter _____ May Term _____ Spring _____

My study away program in 2009-2010 (e.g. Italy, Australia, etc.): _____

Note: Undergraduate students are required to meet with a financial aid representative regarding study away

Section D: Stafford Loan Grade Level Change (undergraduate students only)

I am now a: Sophomore(32-63.99 credits) _____ Junior(64-95.99 credits) _____

for the Summer term _____ Fall term _____ Spring term _____ (check the appropriate term)

Section E: Reducing/Canceling/Returning Loans

1) Which loan? Subsidized Stafford _____ Unsubsidized Stafford _____ Perkins Loan _____ Alternative Loan _____

Graduate PLUS _____ Parent PLUS _____ (For Parent PLUS: Parent's Name: _____)

2) I would like to reduce my loan to the following amount(s). Entering a \$0 will cancel your loan.

Revised Loan Amount(s): Summer \$ _____ Fall \$ _____ Winter \$ _____ Spring \$ _____ TOTAL \$ _____

OR

3) I would like to return the following amount(s) of my loan:

Return Amount(s): Summer \$ _____ Fall \$ _____ Winter \$ _____ Spring \$ _____ TOTAL \$ _____

4) Parent's Signature (Required for cancellation of PLUS loan): _____

Section G: Other Circumstances

If you have circumstances which are not addressed on this form, please contact the Student Administrative Services Office at (651) 523-3000.