### 2015-16 Change Notification Form

**Instructions:** Submit this form to the Financial Aid Office only if you are changing your enrollment plans, changing your housing plans, requesting reduction to a Perkins Loan or Federal Work-Study award, and/or reporting additional outside resources.

**Note:** You cannot use this form to reinstate or increase a Direct Loan that you previously declined or reduced. Use the Loan Change Form downloadable from our website to reinstate or increase a Direct Loan.

#### Enrollment Change
- I will NOT attend SSU during 2015-16.
- Is this the first semester you’ve been admitted to SSU? [ ] Yes  [ ] No
- I will only attend Fall 2015.
- Will you be graduating in Fall? [ ] Yes  [ ] No
- I will only attend Spring 2016.
- Will you be graduating in Spring? [ ] Yes  [ ] No

#### Housing Change
- I will be living: [ ] Off campus  [ ] On campus  [ ] With parents

#### Reduce Accepted Perkins Loan or Work-Study***(You cannot use this form to reduce or cancel a disbursed Perkins Loan. Contact the Seawolf Service Center to return disbursed loan funds.)***

Reduce to:
- Perkins Loan  [ ] $__________
- Work-Study  [ ] $__________

If you would like to request additional Direct Loan funds in place of the Perkins Loan or Work-Study funds, mark the appropriate box below:
- Increase to the maximum allowed or up to $__________
- Increase only my subsidized Direct Loan to the maximum allowed or up to $__________

**Note:** If you currently have a Student Employment Form (SEF) on file, you cannot use this form to reduce your Work-Study. Contact the Financial Aid Office for more information.

#### Notification of Additional Resources
- My University fees will be paid or waived by an outside agency:
  
  Source: ____________________________ $__________  [ ] per year  [ ] per semester Amount per semester

- I will be receiving the following scholarship or other resource:
  
  Source: ____________________________ $__________  [ ] per year  [ ] per semester Amount per semester

  Source: ____________________________ $__________  [ ] per year  [ ] per semester Amount per semester

#### Sign This Statement
My signature gives the Financial Aid Office at SSU permission to make changes to my award offer based on this new information.

---

**Student Signature** ____________________________  **Date** ____________________________  **Phone number** ____________________________

---

Financial Aid Office - 16CNF/8CHNGE – 3/2015  Page 1 of 1