Print Clear Form

CALIFORNIA STATE UNIVERSITY
Stanislaus
FINANCIAL AID AND SCHOLARSHIP OFFICE

Student:_____

ID#:_____

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664-7064

www.csustan.edu/financialaid

AWARD STATUS CHANGE REQUEST

This form should be submitted ONLY when an awarded financial aid applicant wishes to report a change to her/his current financial aid record.

Complete only those sections which involve a change to your current record.

Will not attend the following terms:

Fall 2019 ☐

Spring 2020 ☐ Summer 2020 ☐

Change in Enrollment Status

I will advance from **undergraduate** to **graduate** beginning in:

Fall 2019 ☐

Spring 2020 ☐ Summer 2020 ☐

Change in Housing Status

During the 2019 – 2020 academic year I will live: Off-Campus ☐ With Parents ☐ On-Campus ☐

Effective Term: Fall 2019 ☐ Spring 2020 ☐ Summer 2020 ☐

Scholarship/Tuition Assistance Programs/Financial Aid

Are you receiving a scholarship, tuition assistance (ie. Vocational Rehabilitation, etc.), fee exemption (ie. Veterans Dependent Fee Exemption, etc) or fee payment from an outside source? Are you currently receiving financial aid from another institution that you have not previously reported to the Financial Aid Office? If so, list below the source of this assistance and the amount.

Source:_____ Amount: $_____

Source:_____ Amount: $_____

Signature:_____ **Date**:_____