

Office of Financial Aid and Scholarships

900 N. Portland Avenue Oklahoma City, OK 73107 *P:* 405.945.8646

F: 405.945.3319 www.osuokc.edu/financialaid

AWARD ADJUSTMENT REQUEST

NAME:			CWID/SSN:	
	(Please Print)			_
Email Address:			Phone Number:	
Please indicate t	he semester(s) for which you are	requesting an	adjustment to you	ır financial aid award:
_	Fall 2023	Spring 2024	<u> </u>	Summer 2024
I,			, woul	d like to request the following
adjustment to my	awards: (please check the stater	nent(s) that be	est describes you	r request)
I am tr	ansferring effective with the term	n indicated above	ve. Please cancel	my financial aid awards.
I would	like to be offered loans.		Amount desired	\$
I would	like to cancel/reduce my loan aw	ard.	Amount desired	. \$
I would	like to be offered federal work-st	udy.	Amount desired	. \$
I would	like to cancel/reduce my work-st	udy award.	Amount desired	\$
I'm exp	pecting an outside scholarship, plea	ase reduce my	loan. Scholarship	amount \$
I'm exp	pecting an outside scholarship; plea Scholarship amoun			y award.
Do you presentl	y hold a Federal Work-Study Pi	rogram positio	on?Ye	esNo
If yes, list	t the department that you work for	::		
three weeks prion to avoid unneces, reflecting the adj	7 working days for the review and review to and after the start of each seme sary delays. After a decision has a fustment or a response as to why to be complete loan exit counseling at	ester will vary. been rendered, he request coul	It is important to you will receive o'd not be honored.	o be specific with your reques a revised award letter
Student Signatur	e (Electronic Signatures not accep	ted)	Date	Pay 10/21