



Student Financial Services

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T 206.281.2061 / 800.737.8826 | F 206.281.2835 | www.spu.edu/depts/sfs



2011 - 2012 REVISION REQUEST

STUDENT NAME: _____ SPU ID: _____

I REQUEST THE FOLLOWING REVISION BE MADE TO MY FINANCIAL AID

Change in Credit Load

Indicate the number of regular on-campus credits you will be taking per quarter. (Do not include distance learning, media courses, or continuing education/5000 level courses.)

Please note financial aid is not requested from state, federal, or other lending institutions **until the number of credits you are enrolled in matches the number of credits listed on this form.**

Summer 2011	_____	Fall 2011	_____	Winter 2012	_____	Spring 2012	_____
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Work Study Increase

Amount of Work Study requested. \$ _____

If necessary to meet your full request, do you want to reduce your loan(s)? Yes___ No___

Work Study Reduction

In 2011-12 I want to earn: \$ _____

Student Loan Reduction

Please circle loan type:

Unsubsidized Stafford Loan

Subsidized Stafford Loan

Institutional Loan

Perkins Loan

Federal Nursing Loan

Graduate PLUS

Other: _____

In 2011-12 reduce the circled loans to \$ _____ for _____ quarter(s).

Other Request (example: change in program of study)

Student Signature

Date

Phone

Email