

**UNIVERSITY OF NEVADA, LAS VEGAS
FINANCIAL AID AND SCHOLARSHIPS**
232 REYNOLDS STUDENT SERVICES CENTER
4505 MARYLAND PARKWAY, BOX 452016
LAS VEGAS NV 89154-2016

<u>OFFICIAL USE ONLY</u>	
Academic Year _____	
Counselor Initials _____	

PHONE: (702) 895-3424
FAX: (702) 895-1353
WEB: <http://finaid.unlv.edu>

2009-2010 CHANGE NOTIFICATION FORM (1)

Please use this form **only** for the following changes:

- Your enrollment status has changed from what you activated online resulting in your Financial Aid not disbursing to your student account. (only prior to semester start date)
- You wish to adjust your residency, housing status, or you wish to increase/reduce your Loan or Work Study awards.

ENROLLMENT CHANGES

Undergraduate Students – I wish to adjust my credit enrollment status to the following. I understand that completing this request may impact my financial aid eligibility by reducing my financial aid awards.

FALL 2009	SPRING 2010
<input type="checkbox"/> Full Time – 12 + credits	<input type="checkbox"/> Full Time – 12 + credits
<input type="checkbox"/> 3/4 Time - 9 – 11 credits	<input type="checkbox"/> 3/4 Time - 9 – 11 credits
<input type="checkbox"/> 1/2 Time - 6 – 8 credits	<input type="checkbox"/> 1/2 Time - 6 – 8 credits
<input type="checkbox"/> Less than Half time – 1-5 credits	<input type="checkbox"/> Less than Half time – 1-5 credits

Graduate & Professional Students - I wish to adjust my credit enrollment status to the following. I understand that completing this request may impact my financial aid eligibility by reducing my financial aid awards.

FALL 2009	SPRING 2010
<input type="checkbox"/> Full Time – 9 + credits	<input type="checkbox"/> Full Time – 9 + credits
<input type="checkbox"/> 1/2 Time – 5 – 8 credits	<input type="checkbox"/> 1/2 Time – 5 – 8 credits
<input type="checkbox"/> Less than Half time – 1-4 credits	<input type="checkbox"/> Less than Half time – 1-4 credits

HOUSING CHANGES

Please adjust my housing status to what I have indicated for the term specified.

FALL 2009	SPRING 2010
<input type="checkbox"/> Off Campus	<input type="checkbox"/> Off Campus
<input type="checkbox"/> On Campus	<input type="checkbox"/> On Campus
<input type="checkbox"/> With Parent/Relative	<input type="checkbox"/> With Parent/Relative

LOAN AMOUNT CHANGES

Please adjust my Loans and/or Work Study to what I have indicated for the term specified.

	(circle all that apply)				(mark all that apply)			
Fall 2009	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Subsidized Stafford			
	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Unsubsidized Stafford			
	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> GRAD Plus			
Spring 2010	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Parent (PLUS)			
	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Perkins			
	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Private Alternative			
	<input type="checkbox"/> Increase by	<input type="checkbox"/> Reduce by	<input type="checkbox"/> Max. Amount	\$ _____	<input type="checkbox"/> Work Study			

I understand that any changes made on this form may change my Financial Aid eligibility and I will be notified by mail.

STUDENT NAME (printed) _____ UNLV L#: _____

STUDENT SIGNATURE: _____ DATE: _____

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2009-2010 CHANGE NOTIFICATION FORM (2)

Please use this form **only** for the following changes:

- Reinstatement or Cancellation of Financial Aid
- Additional financial resources you are receiving not previously reported on your Free Application for Federal Student Aid (FAFSA)

REINSTATEMENT

Please reinstate the following Financial Aid which had previously been awarded in my Financial Aid package that I had declined for the following semester. (circle all that apply)

FALL 2009

SPRING 2010

****Based on funds availability****

Grants: _____ Amount \$ _____
(Pell, SEOG, Nevada Access Grant, Bob Davis Scholarship, etc)

Loans: _____ Amount \$ _____
(Subsidized Stafford, Unsubsidized Stafford, Perkins, GRAD PLUS, Parent PLUS, Alternative, etc)

Work Study: _____ Amount \$ _____
(Federal Work Study, America Reads, America Counts, Access Employment, Regents Service Program)

CANCELLATIONS

Please cancel the following Financial Aid awards that have been offered to me for the semester indicated (circle all that apply)

FALL 2009

SPRING 2010

Grants: _____ Amount \$ _____
(Pell, SEOG, Nevada Access Grant, Bob Davis Scholarship, etc)

Loans: _____ Amount \$ _____
(Subsidized Stafford, Unsubsidized Stafford, Perkins, GRAD PLUS, Parent PLUS, Alternative, etc)

Work Study: _____ Amount \$ _____
(Federal Work Study, America Reads, America Counts, Access Employment, Regents Service Program)

Please cancel **ALL** of my Financial Aid awards. I either do not want to receive Financial Aid at UNLV or I will not be attending UNLV for the term indicated (circle all that apply)

FALL 2009

SPRING 2010

ADDITIONAL RESOURCES

I am receiving the following financial resources that have not been previously reported on my Free Application for Federal Student Aid (FAFSA)

Type of Aid _____ Amount \$ _____

STUDENT NAME (printed) _____ UNLV L#: _____

STUDENT SIGNATURE: _____ DATE: _____