

2016-2017 Change in Aid Form

Name: _____ Student ID: _____

Email: _____ *Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

* If this is a new phone number or address, please update your information on SISWeb

PLEASE COMPLETE APPLICABLE SECTIONS

HOUSING STATUS CHANGE (Please provide a copy of housing lease, if applicable)

On-Campus Off-Campus Commuter (Living with parents)

ENROLLMENT STATUS CHANGE

(Note: Your status will not change until after your record is updated with the Office of the University Registrar)

Please check all that apply:

I will not attend UC Davis these term(s): Fall Winter Spring

Reason: Graduating PELP Dismissed Withdrawn Personal Other (Describe below):

I will return in: Fall Winter Spring Summer

I (choose one): **did** **did not** attend another school during the 2016-2017 Academic Year.

Name of the school: _____

If you are receiving one or more of the following awards, please contact the appropriate office:

- **Cal Grant**, notify California Student Aid Commission (CSAC) at (888) 224-7268.
- **Direct Loans**, contact your Loan Servicer directly for exit loan counseling. To find your Loan servicer, please visit the National Student Loan Database at nslsds.ed.gov or call (800) 4-FED-AID.
- **Perkins and/or University Loans**, contact Student Accounting at (530) 752-5870 for exit loan counseling.

CHANGE TO PART-TIME OR CAREER STAFF STATUS

I understand that the amount allowed in my budget for registration fees will be adjusted. To be eligible to receive Financial Aid, I must enroll in a minimum of six units, and waitlisted units do not count as enrolled. I have completed the necessary paperwork with the Office of the University Registrar and I am/will be enrolled in the Part-Time Degree Program during:

Number of Fall Quarter Units: _____

Number of Winter Quarter Units: _____

Number of Spring Quarter Units: _____

Student ID: _____

REPORT ADDITIONAL RESOURCES

Please tell us about any additional resources you expect to receive. Examples may include:

- Outside agency scholarships
- Outside educational loans
- Fellowships
- Stipends
- California and Federal fee waivers or fee payments
- Research or teaching assistantships (RA/TA)
- Department of Rehabilitation benefits

SOURCE AND TYPE OF FUNDS	TOTAL DOLLAR AMOUNT FOR ACADEMIC YEAR

WORK-STUDY STATUS CHANGE

Decrease Work-Study by \$ _____ and Increase Loans by \$ _____

- Subsidized Direct Loan Unsubsidized Direct Loan

STUDENT LOANS

<p style="text-align: center;"><i>INCREASE LOANS</i></p> <p><input type="checkbox"/> Subsidized Direct Loan from: _____ to _____</p> <p><input type="checkbox"/> Unsubsidized Direct Loan from: _____ to _____</p> <p><input type="checkbox"/> Waive Self-Help of: _____ to increase Direct Loan for: _____</p> <p style="text-align: center;"><i>DECREASE LOANS</i></p> <p><input type="checkbox"/> Subsidized Direct Loan from: _____ to _____</p> <p><input type="checkbox"/> Unsubsidized Direct Loan from: _____ to _____</p> <p><input type="checkbox"/> Perkins Loan from: _____ to _____</p>	<p style="text-align: center;"><i>ACCEPT PREVIOUSLY OFFERED LOANS</i></p> <p><input type="checkbox"/> Subsidized Direct Loan for: _____</p> <p><input type="checkbox"/> Unsubsidized Direct Loan for: _____</p> <p style="text-align: center;"><i>DECLINE LOANS</i></p> <p><input type="checkbox"/> Subsidized Direct Loan</p> <p><input type="checkbox"/> Unsubsidized Direct Loan</p> <p><input type="checkbox"/> Other: _____</p>
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Additional Comments:

I certify that to the best of my knowledge all information provided on this form is complete and correct.

Student's Signature: _____ Date: _____