



OFFICE OF FINANCIAL AID
2024-2025 REQUEST FOR CHANGE TO FINANCIAL AID

2025 CFRC01/CFRC02

SECTION 1: STUDENT INFORMATION

NAME: _____ NSHE #: _____

SECTION 2: CHECK ONE OF THE FOLLOWING

I am requesting to **CANCEL** financial aid for the following periods:

- Full Academic Year
 Fall Semester
 Spring Semester
 Summer Semester
(Fall & Spring Semesters)

Type of Financial Aid to be cancelled (please check all that apply):

- All federal/state aid – **NOTE:** Students seeking to decline their Millennium scholarship must complete and submit the Millennium Fund Waiver form at least 14 calendar days prior to the first scheduled disbursement date.
 Federal Direct Subsidized Loan
 Federal Direct Unsubsidized Loan
 Other: _____

I am requesting the **REINSTATEMENT** of financial aid for the following period(s):

- Full Academic Year
 Fall Semester
 Spring Semester
 Summer Semester

Check the type(s) of financial aid you want reinstated:

- Federal Pell Grant
 Federal Direct Subsidized Loan*
 Federal Direct Unsubsidized Loan*

* Loans may be re-offered based on eligibility and must then be accepted in MyCSN.

I am requesting to have a returned financial aid refund re-issued. Before making this request, I updated my direct deposit data with the CSN Cashier or my mailing address at the CSN Registrar’s Office. I understand I must meet current financial aid eligibility rules. Financial aid restoration is based upon the availability of funding and is not guaranteed.

I am requesting a loan disbursement **MODIFICATION** (within 120 days of a loan disbursement):

I am requesting that CSN return the following loan funds to my lender:

- Federal Direct Subsidized Loan \$ _____
 Federal Direct Unsubsidized Loan \$ _____

SECTION 3: CERTIFICATION

With my signature, I affirm that I have read and understood the Request for Change to Financial Aid process and/or have requested CSN Office of Financial Aid staff to clarify the procedure to my satisfaction. I understand that any balance resulting from this request is my responsibility and will be paid by me to CSN within 24 hours. I understand it is my responsibility to check MyCSN student account after submitting this form.

 Student Signature *(required)*

 Date

Students may obtain a copy of financial aid changes by accessing their MyCSN Award Screen. *The Office of Financial Aid is not responsible for printing, copying, or sending this information to any person or entity outside of CSN.*