



REVISION OF OFFER APPEAL

Name _____

Student ID # _____

Phone _____

FINANCIAL AID OFFICE

P.O. Box 14007 • Salem OR 97309
503.399.5018 • Fax 503.399.5528

Print your name & mailing address **clearly** in the box to the left. Use a ballpoint pen.

Remember to attach documentation if required.

Any changes to your enrollment level will affect your student budget and may affect your eligibility for aid.

I request that my financial aid offer be revised for the following reason(s).

Please change my enrollment status for the terms marked below: Current term enrollment changes **cannot be processed** after your check has been mailed/direct deposited.

Summer 2008	Fall 2008	Winter 2009	Spring 2009
<input type="checkbox"/> Full-time (12+ credits)	<input type="checkbox"/> Full (12+)	<input type="checkbox"/> Full (12+)	<input type="checkbox"/> Full (12+)
<input type="checkbox"/> 3/4-time (9-11 credits)	<input type="checkbox"/> 3/4 (9-11)	<input type="checkbox"/> 3/4 (9-11)	<input type="checkbox"/> 3/4 (9-11)
<input type="checkbox"/> Half-time (6-8 credits)	<input type="checkbox"/> Half-time (6-8)	<input type="checkbox"/> Half-time (6-8)	<input type="checkbox"/> Half-time (6-8)
<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Less than half-time
<input type="checkbox"/> Not attending	<input type="checkbox"/> Not attending	<input type="checkbox"/> Not attending	<input type="checkbox"/> Not attending

Please make the following changes to my financial aid: _____

Student signature

Date

Financial Aid Office use only

The revision you requested has been processed.

Your appeal is denied: _____

Other: _____

Financial Aid Administrator

Date