

# AWARD LETTER REVISION REQUEST

## 2024-2025 Academic Year

SIU School of Medicine's Financial Aid Office strives to provide a financial aid package that best meets your needs. If you need to request a change or correction to your electronic Award Letter, or you will not be attending SIU School of Medicine and you must cancel your awards, complete and return this form to the SIU School of Medicine's Financial Aid Office.

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			Dawg Tag #	Class of:	
_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial			

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_____	_____	_____	_____	_____
Street Address	City	State	Zip	Area Code & Phone No.

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Check here if you will **NOT** be attending SIU School of Medicine for the 2024-2025 academic year and want to cancel your financial aid awards.

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I will be receiving the following financial aid that is **NOT** listed on my award letter.

Name of Financial Aid Award	Amount of Award			Total Amount
	Fall2024	Spring2025	Summer2025	

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I am requesting the following revision to my award letter:

			Amount per Semester			Total Amount		
			Fall2024	Spring2025	Summer2025			
<input type="checkbox"/>	Reduce	<input type="checkbox"/>	Increase	Unsubsidized Stafford Loan to:				
<input type="checkbox"/>	Reduce	<input type="checkbox"/>	Increase	Federal Grad PLUS Loan to:				
<input type="checkbox"/>	I need to borrow my student contribution from an Unsubsidized Stafford/Grad PLUS loan.							

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allow one week for loan processing, after all forms have been submitted.