

## Please complete in blue or black ink if possible. Typed signatures will not be accepted.

## **Student Financial Services**

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

## 2025 - 2026 FINANCIAL AID REVISION REQUEST FORM

STUDENT NAME:						SPU ID:			
I REQI	JEST THE F	OLLOWIN	G REVISIO	N(S) TO MY	/ FINANCIA	AL AID:			
	Indicate the	ange in Credit Load icate the number of regular on-campus credits you will be taking per quarter. ( <b>Do not</b> include distance rning, media courses, or continuing education/5000-level courses.)							
	Please note financial aid is not requested from state, federal, or other lending institutions until the of credits you are enrolled in matches the number of credits listed on this form.								ımber
	SU 2025	ou are emo	FA 2025	nes the num	WI 2026		SP 2026		1
						<u> </u>			
	Other Requestudy, etc.)	<b>uest</b> (examp	ole: Work Stu	dy reinstater	ment, Work S	tudy cancel	lation, change	e in program	of
_									
Student Signature					Date		Phone	Ema	 ail