SEATTLE PACIFIC UNIVERSITY

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 REQUEST THE FOLLOWING REVISION(S) TO MY FINANCIAL AID:

☐ **Change in Credit Load**

Indicate the number of regular on-campus credits you will be taking per quarter. (**Do not** include distance learning, media courses, or continuing education/5000-level courses.)

Please note financial aid is not requested from state, federal, or other lending institutions **until the number of credits you are enrolled in matches the number of credits listed on this form**.

SU 2025	_____	**FA 2025**	_____	**WI 2026**	_____	**SP 2026**	_____

☐ **Other Request** (example: Work Study reinstatement, Work Study cancellation, change in program of study, etc.)

_____

Student Signature **Date** **Phone** **Email**

Please allow 10-15 business days for processing.