



2025-2026 REQUEST FOR REVISION

Student Name: _____

Student ID #: _____

AWARD REVISION

☐ I want to cancel my funding (except the fee waiver) for the following semester(s): FA25 ☐ SP26 ☐ SU26 ☐

☐ I want to decline the following award: _____ FA25 ☐ SP26 ☐ SU26 ☐

☐ I want to put my Federal Pell Grant on hold for (check all that apply): FA25 ☐ SP26 ☐ SU26 ☐

☐ I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA25 ☐ SP26 ☐ SU26 ☐

☐ I want to increase my Direct Loan. Additional amount requested: \$ _____

If you are requesting an increase and are ineligible to receive the full amount requested in a subsidized loan, do you want to be considered for an unsubsidized loan? Yes ☐ No ☐

☐ I want to decrease my Direct Loan. Amount of reduction: \$ _____

☐ I want to update my housing plan to: With Parents ☐ Off Campus ☐

ADD FRESNO CITY COLLEGE'S SCHOOL CODE TO MY SAR, 001307

DRN: _____

OTHER:

CERTIFICATION AND SIGNATURE

The person signing below certifies that all of the information reported is complete and correct. **Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: _____

Date: _____