



**Fresno City College**  
**Financial Aid Office**  
 1101 E University Ave  
 Fresno, CA 93741  
 Phone: (559) 442-8245  
 Fax: (559) 499-6024

**2023-2024**

**Request for Revision**

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

**AWARD REVISION**

I want to cancel all of my funding (except for the fee waiver) for the following semester(s): \_\_\_\_\_

I want to decline the following award: \_\_\_\_\_ FA23  SU24  SU24

I want to put my Federal Pell Grant on hold for (check all that apply): FA23  SP24  SU24

I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA23  SP24  SU24

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 t be considered for an unsubsidized loan?  Yes  No

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

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

DRN: \_\_\_\_\_

Please choose housing plans: Off Campus  With Parent

**OTHER:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_