

2024-2025 REQUEST FOR REVISION

Student Name: _____ Student ID #: _____

AWARD REVISION

- I want to cancel my funding (except the fee waiver) for the following semester(s): FA24 SP25 SU25
- I want to decline the following award: _____ FA24 SP25 SU25
- I want to put my Federal Pell Grant on hold for (check all that apply): FA24 SP25 SU25
- I want to put a Leave of Absence for my Cal Grant B for (check all that apply): FA24 SP25 SU25
- 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: _____