

Office of Financial Aid and Scholarships 900 N. Portland Avenue Oklahoma City, OK 73107 *P: 405.945.8646* F: 405.945.3319 www.osuokc.edu/financialaid

AWARD ADJUSTMENT REQUEST

NAME:	CWID/SSN:
NAME:(Please Print)	
Email Address:	Phone Number: / -
Please indicate the semester(s) for which you are requesting a	n adjustment to your financial aid award:
Fall 2024 Spring 20	25 Summer 2025
I,	, would like to request the following best describes your request)
I am transferring effective with the term indicated at	pove. Please cancel my financial aid awards.
I would like to be offered loans.	Amount desired \$
I would like to cancel/reduce my loan award.	Amount desired \$
I would like to be offered federal work-study.	Amount desired \$
I would like to cancel/reduce my work-study award.	Amount desired \$
I'm expecting an outside scholarship, please reduce m	y loan. Scholarship amount \$
I'm expecting an outside scholarship; please reduce m Scholarship amount \$	
Do you presently hold a Federal Work-Study Program posit If yes , list the department that you work for:	tion?YesNo

Please allow 5 – 7 **working days for the review and adjustment of your awards.** Review time for requests made three weeks prior to and after the start of each semester will vary. It is important to be specific with your request to avoid unnecessary delays. After a decision has been rendered, you will receive a revised award letter reflecting the adjustment or a response as to why the request could not be honored. Loan borrowers who are transferring must complete loan exit counseling at https://studentaid.gov/.

Student Signature (Electronic Signatures not accepted)