

**2018-2019  
Request for Change to Financial Aid**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's SSN

**Aid Cancellation**

I request that Sofia University cancel my Financial Aid for the Following period:

[ ] Academic Year [ ] Summer [ ] Fall [ ] Winter [ ] Spring

**Aid Adjustment**

I request that Sofia University adjust my Financial Aid awards as follow:

[ ] Direct Stafford Loan

[ ] Decrease Subsidized loan to NEW Loan amount:\$\_\_\_\_\_ [ ] Cancel Entire Loan

[ ] Decrease Unsubsidized loan to NEW Loan amount: \$\_\_\_\_\_ [ ] Cancel Entire Loan

[ ] Federal Grad Plus/ Parent Plus

[ ] Increase loan to New Loan Amount: \$\_\_\_\_\_

[ ] Decrease loan to New Loan amount: \$\_\_\_\_\_ [ ] Cancel Entire Loan

[ ] Cancel my unearned Federal Work Study (FWS) awards

**Reinstatement of Aid**

I request that Sofia University reinstate my previously cancelled aid for the following period:

[ ] Academic Year [ ] Summer [ ] Fall [ ] Winter [ ] Spring

**Other/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification and Signature**

I certify that all information reported on all sections of this form and any attachment hereto are true, complete and accurate. False statements or misrepresentations will be caused for denial, reduction, withdrawal and /or repayment of financial aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent Signature/Date required on changes done to PLUS loans

*Submit this Form to the Financial Aid Office at  
Sofia University – 1069 East Meadow Circle, Palo Alto, CA 94303. Email [financial\\_aid@sofia.edu](mailto:financial_aid@sofia.edu).*