

CONTRA COSTA COLLEGE_____

2017-2018 Award Revision Request Form

Instructions: Check the box next to the award revision(s) you are requesting, then fill in the required information. Sign and date, and return to the Office of Financial Assistance

Name: Stu	udent ID#:	Phone:(_)	
Decline/Return Pell Grant: I am decention of the following semester (see Amount being returned \$ me once the 2017-2018 academic years Aid Specialist to receive counseling) (circle all that app I understa ear is over. I unders	y): Fall 2017 Spring 201 nd that these funds will no tand that I will be contact	.8 Summer 2018 ot be available to ed by a Financial	
Decline Other Award: I am requestion apply): Cal Grant SEOG For the following semester(s) (circle	Federal Work-Stud	ly Student Loan		
☐ Degree/Program Revision: I certify that I DO NOT have a Bachelor's degree and will NOT have a Bachelor's degree before July 1, 2017, and am NOT enrolled in a Master's or Doctorate program for the current academic year.				
Degree/Program Verification: I cert Master's or Doctorate program for t (enter the name of the college/univ	the current academi	c year. I received my Bach	nelor's degree at	
Loan Increase: I am requesting an increase amount is \$subsidized loan, do you want to be a No	If you are ineligible	to receive this full reques	sted amount in	
☐ Loan Decrease: I am requesting a decrease to my Federal Direct Student Loan. The requested decrease amount is \$				
Student Signature:		Date:		
OFFICE USE ONLY				
Decline/Return Pell Grant: Fwd to Specialist	☐ Loan increa	ase/decrease: fwd to Specialist		
Decline Other: Fwd to appropriate program staff	□ Notes:			
Degree/Program: Fwd to staff by alpha set	☐ Received b	y (initials): Date:_		