# CONTRA COSTA COLLEGE_____

# 2018-2019 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: _____  Student ID#:_____  Phone:(_____)_____

☐ **Decline/Return Pell Grant:** I am declining/returning Pell Grant funds for which I am otherwise eligible for the following semester(s) (circle all that apply):  Fall 2018   Spring 2019   Summer 2019 Amount being returned $_____. I understand that these funds will not be available to me once the 2018-2019 academic year is over. I understand that I will be contacted by a Financial Aid Specialist to receive counseling regarding my decision to decline/return Pell Grant funds.

☐ **Decline Other Award:** I am requesting to cancel the following financial aid award(s) (circle all that apply):  Cal Grant       SEOG       Federal Work-Study       Student Loan
For the following semester(s) (circle all that apply): Fall 2018         Spring 2019    Summer 2019

☐ **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, 2018, and am NOT enrolled in a Master's or Doctorate program for the current academic year.

☐ **Degree/Program Verification:** I certify that I DO have a Bachelor's degree and/or I am enrolled in a Master's or Doctorate program for the current academic year. I received my Bachelor's degree at (enter the name of the college/university): _____.

☐ **Loan Increase:** I am requesting an increase to my Federal Direct Student Loan. The requested increase amount is $_____. If you are ineligible to receive this full requested amount in subsidized loan, do you want to be considered for an unsubsidized loan? (check one) _____ Yes _____ No

☐ **Loan Decrease:** I am requesting a decrease to my Federal Direct Student Loan. The requested decrease amount is $_____.

Student Signature:_____  Date:_____