



REQUEST FOR ADJUSTMENT

EITC Financial Aid Office
 Phone: (208) 524-3000
 Toll Free: 1-800-662-0261
 Fax: (208) 525-7026
financial.aid@my.eitc.edu
 1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	SSN/Student ID	Phone Number

Please reconsider my aid award for:			
<input type="checkbox"/>	Fall 20__	<input type="checkbox"/>	Spring 20__
<input type="checkbox"/>		<input type="checkbox"/>	Summer 20__

Loans:			
Subsidized Loan:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment <input type="checkbox"/> Reduce Loan Amount to _____
Unsubsidized Loan:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment <input type="checkbox"/> Reduce Loan Amount to _____
*Student must be registered for a minimum of 6 credits, have done their Loan Counseling and Promissory Note to receive a loan.			

Work Study:			
Work Study:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment

Grants:			
FSEOG Grant:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment

Explanation:

I certify the above information is correct.

Student Signature: _____ Date: _____

OFFICE USE ONLY	Financial Aid Committee Members Initials: _____	Approved: _____	Denied: _____
	Financial Aid Processing Officer Initials: _____	Initials: _____	Date: _____
	Met With Financial Aid Committee: _____		