



REQUEST FOR ADJUSTMENT

EITC Financial Aid Office
Phone: (208) 524-3000
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
finaid@eitc.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

Student's Name _____ SSN _____
(Please Print)

If you wish to have your application for Financial Assistance reconsidered, to see if you qualify for other/additional aid, complete this section. You may be required to submit attendance verification.

Please reconsider my aid award for: Fall Spring Summer

LOANS Request Cancel Reduce Loan Amount to _____
 No Adjustment

*Student must be registered for a minimum of 6 credits, have done their Loan Counseling and Promissory Note to receive a loan.

WORK-STUDY Request Cancel No Adjustment

GRANTS (FSEOG, LEAP, SLEAP) Request Cancel No Adjustment

OTHER:

EXPLAIN: Specify amounts received per semester.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Student Signature: _____ Date: _____

APPROVED _____ DENIED _____ Initial: _____ Date: _____