

2023-24 Change Notification Form

Name: _____ **SSU ID:** _____

Instructions: Submit this form to the Financial Aid Office **only** if you are changing your enrollment plans, changing your housing plans, requesting reduction to a Federal Work-Study award, and/or reporting additional outside resources.

Note: You cannot use this form to reinstate or increase a Direct Loan that you previously declined or reduced. Use the **Loan Change Form** downloadable from our website to reinstate or increase a Direct Loan.

<p>Enrollment Change</p> <p><input type="checkbox"/> I will NOT attend SSU during 2023-24. Is this the first semester you've been admitted to SSU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I will only attend Fall 2023. Will you be graduating in Fall? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I will only attend Spring 2024. Will you be graduating in Spring? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Housing Change</p> <p>I will be living: <input type="checkbox"/> Off campus <input type="checkbox"/> On campus <input type="checkbox"/> With parents</p>
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Reduce Accepted Work-Study

Work-Study Reduce to: \$ _____

If you would like to request additional Direct Loan funds in place of the Work-Study funds, mark the appropriate box below:

Increase to the maximum allowed or up to \$ _____

Increase only my **subsidized** Direct Loan to the maximum allowed or up to \$ _____

Note: If you currently have a Student Employment Form (SEF) on file, you cannot use this form to reduce your Work-Study. Contact the Financial Aid Office for more information.

Notification of Additional Resources

My University fees will be paid or waived by an outside agency:

_____ \$ _____ per year
Source Amount per semester

I will be receiving the following external scholarship or other resource (do not report offers from SSU):

_____ \$ _____ per year
Source Amount per semester

_____ \$ _____ per year
Source Amount per semester

Sign This Statement

My signature gives the Financial Aid Office at SSU permission to make changes to my award offer based on this new information.

Student Signature **Date** **Phone number**