

## AWARD CHANGE REQUEST FORM

**DIRECTIONS** — If you would like to increase, reduce, or cancel any of your financial aid awards, complete and return this form to the Student Financial Services Office.

## Academic Year 2021-2022

Return this form By mail to: Student Financial Services Saint Martin's University 5000 Abbey Way SE Lacey, WA 98503

Phone: (360) 438-4397 Fax: (360) 412-6190

PART A - Student information												
Name (last, first, middle initial)			Student ID#	Pho	ne (include area	include area code)						
Curr	Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)											
PART B – AWARD REVISION REQUEST												
La	I am requesting the following revision to my award letter:											
			Requested Award Amount Per / Semester						•			
		Change	Name of	Award	FALL	SPRING	SUMMER	Total Requested				
		Increase Decrease Decline Revise										
		Increase Decrease Decline Revise										
		Increase Decrease Decline Revise										
Notes:												
Student Signature							Date					

Internal	Use	Only
Date Re	ceive	ed: