



Student Last Name

First Name

MI

Saint Martin's
ID Number

Example: 000123456

AWARD CHANGE REQUEST FORM

Academic Year 2023-2024

Directions: If you would like to increase, reduce, or cancel any of your financial aid awards, complete and return this form to the Office of Financial Aid.

PART A - Student Information

Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)

Phone (include area code)

PART B – Award Revision Request

I am requesting the following revision to my award letter:

Change	Name of Award	Requested Award Amount Per / Semester			Total Requested
		FALL	SPRING	SUMMER	
Increase Decrease Decline Revise					
Increase Decrease Decline Revise					
Increase Decrease Decline Revise					

Notes:

Student Signature

Date

X

Scan the QR Code below to turn in your documents via Secure Drop Box

