



Financial Aid Office
 PO Box 421
 Glendive, MT 59330
 Phone: (406) 377-9410
 Fax: (406) 377-8132

Student Revision Form

Print Name: _____

Student ID: _____

Check the change you are requesting below for the 2019-2020 academic year.

Note: Changes mean an adjustment to your funding and may cause a delay in the date of disbursement. This is especially true for student loan borrowers who request a change to a previously certified and awarded loan. Due to this, it is important to submit enrollment changes as soon as possible *before* the beginning of the term to allow processing of changes.

I request the change I have indicated below.

ENROLLMENT CHANGE:

Mark all terms	Fall 2019	Spring 2020	Summer 2020
FULL TIME (12 or more credits)			
THREE-QUARTER TIME (9-11 credits)			
HALF-TIME (6-8 credits)			
LESS THAN HALF-TIME (1-5 credits)			
CHECK ANY TERM YOU WILL NOT ATTEND			

I DECLINE THE OFFER OF FEDERAL STUDENT LOANS FOR THE ACADEMIC YEAR.

OTHER: _____

STUDENT SIGNATURE _____

Date ____/____/____