



REQUEST FOR ADJUSTMENT

Financial Aid Office
Phone: (208) 524-3000
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

Please reconsider my financial aid award for:			
<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__	

Loans:				
Subsidized Loan:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment	<input type="checkbox"/> Reduce Loan Amount to _____
Unsubsidized Loan:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment	<input type="checkbox"/> Reduce Loan Amount to _____
*Student must be registered for a minimum of 6 credits, have done their Loan Counseling and Promissory Note to receive a loan.				

Work Study:			
Work Study:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment

Grants:			
FSEOG Grant:	<input type="checkbox"/> Request	<input type="checkbox"/> Reject	<input type="checkbox"/> No adjustment

Explanation:

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ Date: _____

OFFICE USE ONLY	Financial Aid Committee Members Initials: _____	Approved: _____	Denied: _____
	Financial Aid Processing Officer Initials: _____	Initials: _____	Date: _____
	Met With Financial Aid Committee: _____		