



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	Phone Number

**Please Reconsider my Financial Aid Award for:
 Select Term you are requesting financial aid adjustment(s)**

Fall 20 _____
 Spring 20 _____
 Summer 20 _____

Direct Loans :

Subsidized Loan: Reject Loan No Adjustment Increase to: \$ _____ Reduce to: \$ _____

Unsubsidized Loan: Reject Loan No Adjustment Increase to: \$ _____ Reduce to: \$ _____

*Student must be registered for a minimum 6 credits, completed Loan Counseling and Signed a Promissory Note to receive a student loan.

Work Study :

Work Study : Reject No Adjustment Increase to: \$ _____ Reduce to : \$ _____

Grants:

FSEOG Grant: Reject No Adjustment Request Reduce to: \$ _____

Explanation of Change request:

* Please list school you are attending if you are requesting financial aid to be canceled to attend a different institution.

Certification and Signature
 The person signing this form certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

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

Financial Aid Office Use Only	Received By :	Date Received:	COD or CPS Correction <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Award adjusted: <input type="checkbox"/>	Date:	Email Notification <input type="checkbox"/>
Processed By:			
Comments:			