

Request for Adjustment

Financial Aid Office Phone: (208) 524-3000 Opt.7 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
INSTRUCTIONS: Please state below your request for an adjustment to your financial aid offer. If you are requesting your federal financial aid to be canceled to attend a different institution, please include the name of the institution you will be attending. Please allow three to five business days for your request to be reviewed. A notification regarding your request will be sent to your CEI email. You may review adjustments in Self-Service or contact the Financial Aid Office.				
Select Term you are requesting financial aid adjustment(s)				
		ring 20[Summer 20	
Explanation of Change request:				
Must be enrolled in 6 credits to be loan eligible and must complete the loan requirements				
	(Certification and Signature		
The person signing this form on the FAFSA must sign and	n certifies that all of the informa			se information was reported
Student Signature:				
Student Signature: Date: Date: WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.				
Financial Aid Office Use Onl	Received By :	Date I	Received:	
Approved Denied Denied	Award adjusted: Da	te: Email	Notification	Processed By:
Comments:				