Financial Aid Reevaluation Request

Student Name: ____________________________________________    Student ID: _________________________
(Last, First, MI)

Completing this Form: This form is used for requesting a reevaluation of financial aid eligibility based on the circumstances listed below. Indicate the term for which you are requesting a reevaluation then indicate the specific situation that applies. If your situation is not covered by those listed below consider filing a special circumstance request or a cost of attendance adjustment. If you are confused, please contact our office using the information at the bottom of the page for more information.

Term:
[ ] Fall __________  [ ] Spring __________  [ ] Summer __________

Indicate Your Request:
[ ] Cancel Work Study to request additional Loan Funds
[ ] Academic Status Change (indicate below)
    [ ] Degree Seeking from Non-Degree Seeking
    [ ] Graduate Accepted (must be fully admitted into a Graduate Program, disbursal of funds is contingent on confirmation of degree conferral)
    [ ] Pharmacy Program Accepted
[ ] Grad PLUS Loan Request
[ ] Housing Status Change (Must provide verification such as a lease agreement)

Students must allow 7-10 business days for review. Student will be notified of additional awards through your Patriots email account.

I certify that I have read this form AND I have attached acceptable documentation needed to support my reevaluation request. Electronic Signatures are not accepted.

Signature: ____________________________________________        Date: _____________

Office of Financial Aid
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