



# Financial Aid Repack Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Select Term:  Fall  Spring  Summer I  Summer II

### Select Reasoning for Repack:

Adjustment to Cost of Attendance for education expenses: Receipts:  
*Receipts must be attached, or request will be denied. (PDF/Word Formats ONLY)*

Adjustment to Cost of Attendance for childcare expenses: Childcare Documentation:  
*Receipts must be attached, or request will be denied. (PDF/Word Formats ONLY)*

Award Work-Study Funds

Award Additional Loan Funds:

Subsidized Amount Requested: \_\_\_\_\_ or  Maximum for which I qualify.

Unsubsidized Amount Requested: \_\_\_\_\_ or  Maximum for which I qualify.

Cancel Financial Aid Package

Cancel Work-Study Award

Re-Offer Expired Awards

Other Adjustments – *A detailed explanation is required with this request (use field below)*