NAME: ___________________________________________________________ SID # __________________________

(Please Print)

Day Time Telephone Number _____________________________________

FILL OUT ONLY SECTION(S) FOR WHICH YOU ARE REQUESTING A CHANGE

A) ENROLLMENT STATUS CHANGE REQUEST

I will be enrolled in ____________ credits for Fall semester.
I will be enrolled in ____________ credits for Spring semester.

B) AID CHANGE REQUEST

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>Adjustment</th>
<th>Term(s)</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Direct Subsidized Loan* | □ Accept  
□ Decline  
□ Change Amount | □ Fall/Spring Split  
□ Fall Only  
□ Spring Only  
□ Summer Only | □ Maximum Amount  
□ Revised Total  
$__________________ | □ Check here if this is due to a grade level change. |
| Direct Unsubsidized Loan* | □ Accept  
□ Decline  
□ Change Amount | □ Fall/Spring Split  
□ Fall Only  
□ Spring Only  
□ Summer Only | □ Maximum Amount  
□ Revised Total  
$__________________ | □ Check here if this is due to a grade level change. |
| Direct Unsubsidized Loan due to Parent PLUS loan denial* | □ Accept  
□ Decline  
□ Change Amount | □ Fall/Spring Split  
□ Fall Only  
□ Spring Only  
□ Summer Only | □ Maximum Amount  
□ Revised Total:  
$__________________ | |
| Work-Study | □ Accept  
□ Decline       | □ Fall/Spring Split  
□ Fall Only  
□ Spring Only  
□ Summer Only | □ Maximum Amount  
□ Revised Total | |
Request if eligible

$__________

* Please note that for subsidized and unsubsidized loans, 1.057% of the amount you borrow will be taken out of the loan by the Federal Government for the loan origination fee. Percentage rate is subject to change.

SIGNATURE ________________________ DATE_________________________

UW-Superior Financial Aid Office, Old Main 110, PO Box 2000, Superior, WI 54880-4500 Phone: 715-394-8200
Fax: 715-394-8027 Email: finaid@uwsuper.edu

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