

Action Request Form (ARF)

Print Last name	First	M.I.	CofC ID#	
Enrollment Change:	i			
I will be at	ttending "LESS" th	an full time.		
Please indic	ate your total enrolled	hours you plan to	enroll:Fa	allSpring
Loan Change:	Please indic	cate the semester(s)	for action request:	
	Fall and Spring	Fall Only	Spring Only	Summer Only
I wish to have the follo	wing action (s) taken w	vith my financial a	id:	
Re-Instate	my loan eligibility	not utilized:		
Sub	osidizedUn-Subsi	dized	\$	_Amount
Decline m	y loan (s).			
Sub	osidizedUn-Subsi	dized		
Decrease r	ny loan (s).			
Sub	osidizedUn-Subsi	dized	\$	_Amount
Increase n	ny loan eligibility ba	sed on grade le	vel change.	
Please	indicate your current "	Earned Hours"		
Student Signature			Date	

Revised 11-30-12 P&P 8.8