

## 2018-2019 PETITION FOR RE-EVALUATION

Name: Last \_\_\_\_\_

First \_\_\_\_\_

UID# \_\_\_\_\_

Please use this form to make or report any necessary changes to your current enrollment and/or financial aid awards. *A new Electronic Financial Aid Notification (FAN) statement will be posted on MyUCLA when your awards are revised. \*Requests must be submitted at least two (2) weeks prior to end of enrollment period/term.\**

### LOAN ADJUSTMENTS

- Cancel my loan disbursements for the following terms :  Fall  Winter  Spring  
 University Loan  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private  
 CA Dream

- I would like to convert my Federal Work–Study award into a loan.

- Cancel my entire loan (*you will be billed for funds already disbursed*):  
 University Loan  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private  
 CA Dream

*\*We can only cancel Direct Loans disbursed within 120 days from disbursement date.*

- I would like to reduce my loan (*you will be billed for funds already disbursed*):  
 University Loan  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private  
 CA Dream

*Please select the term(s) you would like to reduce loan for :  Fall  Winter  Spring  
Please indicated the reduction instructions on the given lines below.*

- 
- Reinstate a previously canceled loan:  
 University Loan  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private  
 CA Dream

- I would like to request additional Parent Plus Loan. Any additional Parent Plus Loan will need the consent of the Parent before it can be offered. In some cases the Parent will need to submit another Parent Plus Application in order to process the loan.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- My parent was denied for PLUS assistance. Please award me an additional Unsubsidized loan up to my maximum eligibility.

**(CONTINUED)**

**CHANGES TO ENROLLMENT STATUS**

**\*\* You must be enrolled at least half-time (6 units for undergraduates, 4 units for graduates) to be eligible for financial aid. Please be advised that changes to the number of units may result in a reduction or cancellation of financial aid.\*\***

I will not be enrolled for the:  
Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

I have changed my enrollment status as shown below **(do not leave blanks)**:  
**# of enrolled units for:** Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

I will be in the **Reduced Fee Program (8-11 Units)** for the following terms:

**Please indicate the number of enrolled units for:**

Fall 2018 \_\_\_\_\_ Winter 2019 \_\_\_\_\_ Spring 2019 \_\_\_\_\_

**NOTIFICATION OF ADDITIONAL ASSISTANCE**

Report any outside awards or graduate aid (**includes fee waivers, fellowships, stipends, scholarships, Veterans benefits, etc.**) not previously reported on your eFAN that you will be receiving for the entire academic year.

**Please be advised that outside assistance may result in a reduction or cancellation of financial aid.**

<input type="checkbox"/> I will be receiving the following: <i>Name of Award</i>	<i>Total Amount</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION STATEMENT:** I certify that all information reported on this form is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date