

2022-23 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 MvUCLA when your awards are revised. * Requests must be submitted at least two (2) weeks prior to end of enrollment period/term. If you are not attending the full academic year below is the enrollment period for each term.* (Fall'22: Sept 19– Dec 2) (Winter'23: Jan 4– March 24), (Spring'23: March 29- June 9) 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 : \Box Fall \Box Winter \Box Spring *Please indicate the amount you would like the loan reduced by 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_
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Date_

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

(CONTINUED)

** Yo for fin	NGES TO ENROLLMENT S u must be enrolled at least half-time ancial aid. Please be advised that ch llation of financial aid.**	(6 units for unde							
	I will not be enrolled for the: Full Academic Year	Fall	Winter	Spring					
	□ I will be in the Reduced Fee Program (8-11 Units) for the following terms:								
	Please indicate the number of en	<pre>ve changed my enrollment status as shown below (do not leave blanks): # of enrolled units for: Fall Winter Spring I be in the Reduced Fee Program (8-11 Units) for the following terms: ase indicate the number of enrolled units for: Fall 2022 Winter 2023 Spring 2023 arollment is different than what is indicated above at our census date, you may be billed. CATION OF ADDITIONAL ASSISTANCE outside awards or graduate aid (includes fee waivers, fellowships, stipends, scholarships, enefits, etc.) not previously reported on your FAN that you will be receiving for the entire ear. dvised that outside assistance may result in a reduction or cancellation of financial aid.</pre>							
	Fall 2022	Winter 2023	Spring 2	2023					
	If enrollment is different than what	is indicated abo	ve at our census	date, you may be billed.					
Repor Veter acade	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 FAN 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.								
	I will be receiving the following:			Total Amount					
	Nume of Awara								
				\$					
				\$					
				\$					
ОТН	ER	Full Academic Year Fall Winter Spring changed my enrollment status as shown below (do not leave blanks): # of enrolled units for: Fall Winter Spring e in the Reduced Fee Program (8-11 Units) for the following terms: indicate the number of enrolled units for: Fall 2022 Winter 2023 Spring 2023 <i>lment is different than what is indicated above at our census date, you may be billed.</i> FION OF ADDITIONAL ASSISTANCE side awards or graduate aid (includes fee waivers, fellowships, stipends, scholarships, effts, etc.) not previously reported on your FAN that you will be receiving for the entire sed that outside assistance may result in a reduction or cancellation of financial aid. e receiving the following: <i>f Award</i> Total Amount \$ \$							

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				
HOW TO SUBMIT							
	<u>ONLINE</u> Log on to MyUCLA> click Finances and Jobs tab> under Financial Aid and Scholar- ships click> View All Documents. Attach form as necessary.	Attn:	FAX: Fax: 310-267-4143 UCLA Financial Aid and Scholarships				