

Complete and return to:

Southern Connecticut State University
Office of Financial Aid and Scholarships, WT Room 117
501 Crescent Street, New Haven, CT 06515
Documents may be submitted by email to
financialaid@southernct.edu, by mail or in person.

2024-2025 CHANGE OF AWARD FORM

| ast Name | Legal First Name | | | M.I |
|--|--|--|--|--|
| ease complete the section(s) that applies to | the change(s) | you wish to n | nake. | |
| I want to adjust my aid. Please enter the | he current and | new amount | • | |
| | FALL 2024 Amount | | SPRING 2025 Amount | |
| | Current | New | Current | New |
| Direct Subsidized Loan | \$ | \$ | \$ | \$ |
| Direct Unsubsidized Loan | \$ | \$ | \$ | \$ |
| Direct PLUS Loan (Parent/Graduate) | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| I am returning my fall refund and would | | | | to prevent over |
| borrowing and keep the loan disbursem | nents equal | Yes | No | |
| Number of credits per semester: Graduate - (Part-time = 4.5 credits per semester) | Fall 2024 ts/semester) (| credits S | redits/semeste | credits |
| Number of credits per semester: Graduate - (Part-time = 4.5 credi | Fall 2024 its/semester) (: Fall 2024 | credits Full-time = 9 c credits | Spring 2025 credits/semeste Spring 2025 | r) credits |
| Number of credits per semester: Graduate - (Part-time = 4.5 credi Number of credits per semester | Fall 2024 its/semester) (: Fall 2024 024 □Spring | credits Full-time = 9 c credits 2025 (Conta | Spring 2025 credits/semeste Spring 2025 ct the Registrar's | r) credits r) credits office.) |
| Number of credits per semester: Graduate - (Part-time = 4.5 credits number of credits per semester) I will not be attending SCSU. Fall 20 I want to update my housing status to: ease sign with a black/blue pen, digital or electron comment to financialaid@southernct.edu from your service. | Fall 2024 its/semester) (: Fall 2024 024 | credits Full-time = 9 c credits 2025 (Conta us | ct the Registrar's ampus | credits r) credits office.) ith Parent send this |
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