



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

## 2026 - 2027 FINANCIAL AID REVISION REQUEST FORM

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

### I REQUEST THE FOLLOWING REVISION(S) TO MY FINANCIAL AID:

☐ **Change in Credit Load**

Indicate the number of regular on-campus credits you will be taking per quarter. (**Do not** include distance learning, media courses, or continuing education/5000-level courses.)

Please note financial aid is not requested from state, federal, or other lending institutions **until the number of credits you are enrolled in matches the number of credits listed on this form.**

SU 2026	_____	FA 2026	_____	WI 2027	_____	SP 2027	_____
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☐ **Other Request** (example: Work Study reinstatement, Work Study cancellation, change in program of study, etc.)

\_\_\_\_\_

Student Signature

Date

Email

*Please allow 10-15 business days for processing.*