

Emperor's College of Traditional Oriental Medicine Financial Aid Office – Federal School Code 026090 1807 Wilshire Blvd. Suite 200, Santa Monica, CA 90403 Phone: (310) 453-8300 Fax: (310) 829-3838 www.emperors.edu

Request to Revise Financial Aid Award (Increase / Decrease / Cancel)

Student Name: _____

Please check the box [√] next to the description below that applies to your current Federal Stafford Loan offer. To **cancel** an award, enter zero (-0-) for the 'new request'. Any revisions will apply to PENDING disbursements only.

DECREASE: You previously accepted your loan(s), and now you would like to decline or reduce it/them.

Current Unsubsidized Award: \$_____ Current Grad PLUS Award: \$_____
 New Unsubsidized Loan Request: \$_____

 New Grad PLUS Loan Request: \$______

□ INCREASE: You previously requested less than eligibility and now you would like to revise the amount.

Current Unsubsidized Award: \$_____ Current Grad PLUS Award: \$_____ New Unsubsidized Loan Request: \$_____ New Grad PLUS Loan Request: \$_____

Student Signature

Date