

FLATHEAD VALLEY COMMUNITY COLLEGE
FINANCIAL AID OFFICE
CHANGE & RE-EVALUATION FORM
TO REQUEST CHANGES, COMPLETE THE FOLLOWING:

Name: _____ SSN/ID: _____

Phone Number: _____

1. Period you want the changes to cover:

- Fall Semester*
- Spring Semester*
- Summer Semester*

2. Re-Evaluate my file (*Explanation required for processing*):

- Change In Enrollment Status*
- Change in Grade Level (Freshman to Sophomore)*
- Documented Costs (i.e. child care expenses, documented costs)*
- Other*
- Request a Student Loan*
- Cancel or Reduce My Loan* *New Loan Amount* _____

Explain:

3. Requesting a Student Loan:

Lender Name _____ Lender ID _____

Amount Requested \$ _____

4. Please read and sign below.

- I have read and understand the **Change and Re-Evaluation Form**.
- If requesting Loans, I understand these Loans must be **REPAID**.
- I understand I have the right to cancel or reduce any student loan amount by making the request in writing to the Financial Aid Office.

Please allow two weeks for processing.

Student Signature

Date

Mail to: Flathead Valley Community College- Financial Aid Office- 777 Grandview Dr Kalispell, MT 59901. *If you have questions you may call the Financial Aid Office at 406-756-3849. Last printed 4/03/2007*

Processed by _____
Date _____