Flathead Valley Community College™

Financial Aid Office BH 111
777 Grandview Drive Kalispell MT 59901
(406) 756-3849 Fax (406) 756-3966 www.fvcc.edu

CHANGE & RE-EVALUATION FORM

TO REQUEST CHANGES, COMPLETE THE FOLLOWING:

Name: _____ SSN/ID: _____

Phone Number: _____

1. Period you want 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)*

☐ *Cancel My Loan* *Direct Subsidized Loan Amount* _____
Direct Unsubsidized Loan Amount _____

☐ *Reduce My Loan* *Direct Subsidized Loan Amount* _____
Direct Unsubsidized Loan Amount _____

☐ *Request a Student Loan* *Request Loan Amount* _____

☐ *Other*

Explanation:

_____
_____
_____
_____

3. Please read and sign below.

- I have read and understand the **Change & Re-Evaluation Form.**
- If requesting additional loans, I understand these loans MUST BE **REPAID.**
- I understand I have the right to refuse 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**