



# REQUEST TO CHANGE FORM (INSTRUCTIONS)

## REQUEST TO CHANGE FORM

## AID YEAR:

### Request to Change (Report Outside Assistance)

\$PNQMFUFUIJTGPSNUPSFQPSUBOZPVUTJEFBxBSETBOEPSHSBEVBUFBJETVDIBTUVJUJPOBTTJTUBODFTUJOF  
 UIBUZPVXJMMCFDFJWJOHEVSJOHUIFTDIPPMZFBS5IFBTTJTUBODFDPVMECFJOUIFGPSNPGBPOFUJNFQBNFO  
 PSQBJEUISPVHIPVUUIFTDIPPMZFB\$VTIPVMEJOEJDBUFUIFUPUBMBNPVOUPGUIFBXBSEZPVXJMMSFDFJWF  
 GSPN+VMZ      UP+VOF

Return the completed, signed and dated form to the Office of Financial Aid:

Mail:            LLU Office of Financial Aid, 11139 Anderson St, Loma Linda, CA 92350

Fax:             (909) 558-4283

E-mail:         Scan document as PDF. Attach to e-mail message, send to [finaid@llu.edu](mailto:finaid@llu.edu) and/or  
 your Financial Aid Advisor

Drop Box:      Located to the left of the Student Services Center front door

Bring in:        Student Services Center, through the front entrance on the left hand side

If you have any questions please email [Finaid@llu.edu](mailto:Finaid@llu.edu) or call (909) 558-4509



REQUEST TO CHANGE (REPORT OUTSIDE ASSISTANCE)

STUDENT INFORMATION

AID YEAR: 19/20

LLU ID# or Social Security Number: \_\_\_\_\_

Name : Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Please check the school you are attending:

- checkbox Allied Health checkbox Dental Hygiene checkbox Dentistry checkbox Medicine checkbox Nursing checkbox Pharmacy checkbox Public Health checkbox Interdisciplinary Studies checkbox Religion checkbox Behavioral Health

Expected Graduation Date or Program Completion: (MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_

NOTIFICATION OF OUTSIDE ASSISTANCE

\*\*\* Under the Conditions of Financial Aid, students are required to report any outside awards and/or graduate aid (including tuition assistance, educational allowance, fellowships, stipends, scholarships, etc. ) that you will be receiving for the entire academic year. Please be advised that outside assistance may result in a reduction or cancellation of financial aid.

checkbox I will be receiving the following assistance :

Table with 2 columns: Name of Award, Total Award Amount. Includes three rows for reporting awards with dollar signs.

Other

OTHER : \_\_\_\_\_

CERTIFICATION

I certify that all the information reported on this form, as well as all supporting documents, is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

Student's Signature : \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

For Office Use Only

Comments : \_\_\_\_\_

Reviewed by : \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you have any questions please email Finaid@llu.edu or call (909) 558-4509