Financial Aid Office

P.O. Box 14007 • Salem, OR 97309 503.399.5018 • Fax 503.399.5528 financialaid@chemeketa.edu

Request for Change



For Use AFTER Financial Aid Has Been Awarded

Student Name: ______ Student ID Number: K_____

Allow A Minimum Of Two Weeks To Process Request

Change [] 3/4 Change [] Ha Enrollment Level: [] Le	II-time (12+ credits) I-time (9-11 credits) If-time (6-8 credits) ss than half-time t attending	 Full-time (12+ credits) 3/4-time (9-11 credits) Half-time (6-8 credits) Less than half-time Not attending 	 Full-time (12+ credits) 3/4-time (9-11 credits) Half-time (6-8 credits) Less than half-time Not attending 	Spring 2026 [] Full-time (12+ credits) [] 3/4-time (9-11 credits) [] Half-time (6-8 credits) [] Less than half-time [] Not attending
Change Loans:	Change my loans to reflect the following: [] I would like to accept \$ in Direct Loan(s) that I declined or was not eligible to borrow. (YEARLY dollar amount – Not per term amount) [] I would like to decline \$ in Direct Loan(s) that I previously accepted. (YEARLY dollar amount – Not per term amount)			
[]	[] My parent would like to be considered for PLUS loan eligibility.			
P	arent name (printed)	Pare	ent signature (required)	
Pi	Please Note: Your Parent is responsible for repayment of this loan.			
Other Changes:	make the followin	ng other changes to my	financial aid:	

Student signature

Date