

Office of Student Financial Assistance

Request for Revision of Financial Aid Package

Name:	LoLA#:
Current Address:	
Telephone #:	Email:
I hereby request that the Office of following semester(s): (Please check	Student Financial Assistance revise my financial aid package for the k one)
Fall 201_/ Spring 201	Fall 201 Spring 201 Summer 201_
Please change my award package a I wish to add student loans (I wish to decline my student Please indicate which loan y I wish to decline all of my fine	Subsidized Unsubsidized) loan(s) you wish to decline Subsidized Unsubsidized
Student Signature:	Date:
Revision Comments:	Financial Office Use Only
FA Advisor:	Date:

City Park Campus 615 City Park Ave. New Orleans, LA 70119 (504) 671-5040 (504) 483-4289 Fax Westbank Campus 2600 General Meyer Ave. New Orleans, LA 70114 (504) 762-3100 (504) 361-6257 Fax Charity School of Nursing 450 S. Claiborne Ave. New Orleans, LA 70112 (504) 571-1335/1336 (504) 571-1412 Fax **West Jefferson Campus** 5200 Blair Drive. Metairie, LA 70001 (504) 671-6703 (504) 736-7120 Fax **Sidney Collier** 3727 Louisa Street New Orleans, La. 70126 (504) 941-8500 (504) 941-8501