

FINANCIAL AID & SCHOLARSHIPS OFFICE

1000 East Victoria Street Carson, California 90747 PHONE: (310) 243-3691

| CSUDH ID: | DH ID: Today's Date: | | | | | |
|--------------------------|---|--|--|--|--|--|
| Finar | Financial Aid Document Submission Cover Sheet | | | | | |
| Please complete the info | mation requested below, submit this form along with your documents. | | | | | |
| | ng your documents to the online <u>Dropbox</u> , please exercise caution when using ers as these are not secure. | | | | | |
| Student Name: | ast Name, First Name, MI | | | | | |
| Toro Email Address: | | | | | | |
| | Code) (i.e. 222-1234) | | | | | |

Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

- 1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
- 2. Save your document. Name your document with your first name, last name, and CSUDH ID number
- 3. If you have attachments, please have them ready to upload to the online Dropbox
- Return to the <u>Financial Aid Forms</u> page, go to the <u>blue Dropbox Folders</u> section, <u>select the icon that corresponds with your last name</u>, use the "Add Files" or "drag stuff here" option to upload your documents. <u>Emailed documents will not be accepted</u>.
- 5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



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| Student's Name: | CSUDH ID# | | |
|---|------------------------|--|--|
| 2024-2025 | Financial Aid | Adjustment Req | uest |
| <u>Instructions:</u> To adjust your financial aid offer, cor | mplete Section A ar | nd/or Section B, and | submit the form to our office. |
| Submission Deadlines: (Fall 202 | 4 loans: Decembe | er 5, 2024; Spring 2 | 2025 loans: May 8, 2025) |
| Section A: Please adjust my 2024-2025 Finance | cial Aid Offer for t | he following reaso | n(s): |
| I am not attending CSUDH. Please cancel | my financial aid of | fer for the specified to Spring 2025 | erm(s) below: Academic year (Fall & Spring) |
| Reinstate my financial aid offer for: | Fall 2024 | Spring 2025 | Academic year (Fall & Spring) |
| Change of graduation date: Please extend (Note: Due to limited funding, some grant awa | - | | mester. |
| New career/degree objective in Spring 20 Spring semester. (Example: Completed back) | - | | = : = : |
| Section B: Reinstate or Increase my student I | Federal Direct Loa | <u>an(</u> s): | |
| Note – Reinstated Loan(s): Will be re-offered to your MyCSUDH Student Center to accept th Note – Loan Increase Requests: Will be ACCEP My Federal Subsidized Loan should be: Re-offered for: Increased to: \$ | e full amount or sp | ecify the reduced an | nount you wish to borrow. |
| My Fadaral Unauhaidinad Laan should be | | | |
| My Federal Unsubsidized Loan should be Re-offered for: Increased to: \$ Section C: Decrease or Cancel my Federal Dir | Fall 2024 Fall 2024 | Spring 2025 Spring 2025 | Academic year (Fall & Spring) Academic year (Fall & Spring) |
| Note: Decreasing or canceling a previously distributed for paying in a timely manner. In some circums your lender. | bursed loan may ca | | |
| <u>Federal Subsidized Loan</u> should be: Canceled for: | Fall 2024 | Spring 2025 | Academic year (Fall & Spring) |
| Decreased to: \$ | Fall 2024 | Spring 2025 | Academic year (Fall & Spring) |
| Federal Unsubsidized Loan should be: Canceled for: Decreased to: \$ | Fall 2024 Fall 2024 | Spring 2025 Spring 2025 | Academic year (Fall & Spring) Academic year (Fall & Spring) |
| Student Acknowledgement: I understand and acknowledged CSUDH student account and that I am responsible to pay complete a Master Promissory Note and Loan Entrance requirements, or if my requirements have expired. | y the balance in a tim | cancelling a previouslely manner. I also und | y disbursed award may cause a balance on my erstand and acknowledge that I am required to |

Signature: _____ Date: ____