



**FILE UPDATE REQUEST
2019-2020**

****Please allow up to 7- 10 business days for your request to be processed.****

Name: _____ **SSN/ID:** _____

FRANU Email: _____ **Cell Phone:** _____

Please check the appropriate box to indicate your request.

- Award additional loan eligibility based on the following reason:
 - 30 earned hours
 - 60 earned hours
 - Entering a graduate program in the _____ semester
 - My parent was denied for a PLUS loan

- Please consider me for the aid I initially declined.

- I would like to be considered for the following aid:
 ___ Work Study ___ PLUS Loan ___ Student Loan.

- My new expected graduation date is _____. Please award additional aid for the following semester(s):
 - Fall 2019 ___ Number of hours enrolled
 - Spring 2020 ___ Number of hours enrolled
 - Summer 2020 ___ Number of hours enrolled.

- I would like to cancel my student aid for the _____ semester(s).

- Other (*be specific*):

You will receive notification by email (or phone in some cases) if additional information is needed and once your request has been completed.

Signature: _____ **Date:** _____