Financial Aid Office
P.O. Box 14007 ● Salem, OR 97309
503.399.5018 ● Fax 503.399.5528
financialaid@chemeketa.edu

Chemeketa Community College

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 Enrollment Level:	Summer 2023	Fall 2023	Winter 2024	Spring 2024
	☐ Full-time (12+ credits)	☐ Full-time (12+ credits)	☐ Full-time (12+ credits)	☐ Full-time (12+ credits)
	☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)
	☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)
	☐ Less than half-time	☐ Less than half-time	☐ Less than half-time	☐ Less than half-time
	☐ Not attending	☐ Not attending	☐ Not attending	☐ 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.
*(must be a specific total YEARLY dollar amount – **Not per term amount**)*

[ ] I would like to decline $ _____ in Direct Loan(s) that I previously accepted.
*(must be a specific total YEARLY dollar amount – **Not per term amount**)*

[ ] My parent would like to be considered for PLUS loan eligibility.

_____ _____
Parent name (printed). Parent signature (required)

Please Note: Your Parent is responsible for repayment of this loan.

☐ Other Changes:

Please make the following other changes to my financial aid:

_____

_____

_____

_____ _____
Student signature Date