

## Action Request Form (ARF)

Print Last name	First	M.I.	CofC ID #	CofC ID #	
Enrollment Change:					
I will be attend	ding "LESS" than full ti	me.			
Please indicate y	our total enrolled hours you	plan to enroll:	Fall	Spring	
Loan Change:	Please indicate the sen	nester(s) for actio	n request:		
Fall	and Spring Fall O		-	ummer Only	
I wish to have the following	action (s) taken with my fir	nancial aid:			
Re-Instate my	loan eligibility not utiliz	zed:			
Subsidiz	zedUn-Subsidized	_Grad PLUS	\$	Amount	
Decline my loa	an (s).				
Subsidiz	zedUn-Subsidized	_Grad PLUS			
Decrease my le	oan (s).				
Subsidiz	zedUn-Subsidized	_Grad PLUS	\$	Amount	
Increase my lo	oan eligibility based on g	rade level chan	ige.		
Please indic	ate your current "Earned He	ours"			
Student Signature		Date			
				Revised 02/6/201 P&P 8.	
	Office of Financial As	ssistance & Veteran	Affairs		

Office of Financial Assistance & Veteran Affairs 66 George Street Charleston, SC 29424 <u>www.cofc.edu/finaid</u> P:843.953.5540 F:843.953.7192 <u>financialaid@cofc.edu</u>