



Office of Financial Aid and Scholarships
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FILE REVIEW REQUEST

Student's Name: _____ Student ID: _____

ENROLLMENT LEVEL CHANGE:

Term	Not Attending	HALF time 6-8 credits (5-6 for graduates)	THREE-QUARTER time 9-11 credits (7-8 for graduates)	FULL-time 12 or more credits (9 for graduates)
Summer	_____	_____	_____	_____
Fall	_____	_____	_____	_____
Winter	_____	_____	_____	_____
Spring	_____	_____	_____	_____

WORKSTUDY REVISION:

- _____ Cancel my work-study that was offered to me and increase my student loan if I am not at my loan maximum.
- _____ Just cancel my work-study that was offered to me.

Please review the following information to determine if any changes or adjustments are needed to my financial aid package. I understand if a change is approved, I will be sent a notification to my university email account (ONID).

Student Signature: _____ Date: _____