

Change of Circumstances

2008-09

Return to: Office of Financial Aid & Scholarships
 California State University, Bakersfield
 48 SA
 9001 Stockdale Highway - Bakersfield, CA 93311-1022
 Telephone: (661)654-3016 FAX: (661)654-6800
 Web: <http://www.csub.edu/finaid> E-Mail: finaid@csub.edu



Financial Aid Applicant Information:

Student Name: _____ (Please Print) CSUB Id: _____

Signature: _____ Date: _____

This form *ONLY* needs to be returned to the CSU, Bakersfield Office of Financial Aid & Scholarships if:

- You will be receiving scholarships, grants, or fee waivers (including Cal Grants, Vocational Rehabilitation, or Veteran's Admin. Fee Waivers) which are **NOT listed on your offer of financial aid** (complete PART 1 below), **OR**
- You wish to decline student loan(s) and/or College Work-Study or you wish to **REDUCE** the loans you have been awarded (complete PART 2 below) **OR**
- You will **NOT** attend CSU Bakersfield for all or a part of the 2008-09 Academic Year (complete PART 3 below), **OR**
- You will attend CSU Bakersfield part-time in any quarter (complete PART 4 below), **OR**
- You will have a different living arrangement than that listed in the BUDGET area of your 2008-09 Offer of Financial Aid (complete PART 5 below).

1. Please list any scholarships, grants, or resources of ANY kind that you will receive, or which will be paid directly to the school for you, to pay college expenses for the 2008-09 Academic Year.

2. Please indicate in the appropriate area below that you wish to decline aid, request aid, reinstate aid or reduce/increase aid.

Type of Aid	Check appropriate box				Enter amount and/or quarter	
	Decline	Request/ Reinstate	Increase	Decrease	Enter specific amount	Specify quarter(s)
DIRECT SUBSIDIZED LOAN						
DIRECT UNSUBSIDIZED LOAN						
DIRECT PARENT PLUS LOAN		Submit Loan Addendum to request PLUS loan.				
PERKINS LOAN						
NURSING LOAN						
WORK-STUDY AWARD			N/A	N/A	N/A	N/A

3. Please place a check mark to indicate a change in your living arrangement for the 2008-09 Academic Year.
 _____ With Parents _____ Campus Dorms _____ Off Campus

4. If you plan on attending the Summer QUARTER, not the Summer session, it MAY be possible to spread the funds that you were scheduled to receive for three quarters over four quarters, or possibly receive additional monies, in order to help you pay for Summer quarter expenses. If you are interested in receiving funding for the Summer quarter, please see your financial aid counselor to request this change.

5. If you intend to enroll less than full-time, for any term, please complete the Financial Aid Course Load Change Form (FACL09).

- If you have completed any portion of parts 1 through 5, please return this form to the address listed above.