

Student Data Change Form

2006-07

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 2005-06 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 2006-07 Offer of Financial Aid (complete PART 5 below).

1. Please list any scholarships, grants, Veteran's Education Benefits, 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 2006-07 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						
DIRECT PARENT PLUS	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** in the following portions of the 2006-07 Academic Year that you will **NOT** attend.
 _____ Fall 2006 _____ Winter 2007 _____ Spring 2007 _____ Full Year

4. I will **NOT** be full-time for one or more quarters during the 2006-07 Academic Year. Please **indicate the number of units** that you intend to take each quarter.
 _____ Fall 2006 _____ Winter 2007 _____ Spring 2007

5. Please place a **check mark** to indicate a change in your living arrangement for the 2005-06 Academic Year.
 _____ With Parents _____ Campus Dorms _____ Off Campus

6. 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.**

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