



UCLA, Financial Aid Office  
 A-129J Murphy Hall  
 Box 951435  
 Los Angeles, CA 90095-1435  
 Phone: 310-206-0400  
 Fax : 310-206-7419

## 2009-2010 PETITION FOR RE-EVALUATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ UID# \_\_\_\_\_

Please use this form to make or report any necessary changes to your current enrollment and/or financial aid awards. *A new Electronic Financial Aid Notification (eFAN) statement will be posted on MyFAO ([www.fao.ucla.edu](http://www.fao.ucla.edu)) when your awards are revised.*

### LOAN ADJUSTMENTS

- I would like to convert my Expected Family Contribution (EFC) into loan assistance.
- I would like to convert my Federal Work-Study award into loan assistance.
- Cancel my future loan disbursements:  
 Perkins  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private
- Cancel my entire loan (*you will be billed for funds already disbursed*):  
 Perkins  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private
- Reinstate a previously canceled loan:  
 Perkins  Subsidized  Unsubsidized  PLUS  Grad PLUS  Private
- I have advanced a grade level. Please increase my Subsidized/Unsubsidized loan to the maximum eligibility per my grade level (\$6,500 sophomore, \$7,500 junior/senior).
- My parent was denied for PLUS assistance. Please award me an additional Unsubsidized loan up to my maximum eligibility. **Note: Please provide documentation of denial.**

### CHANGES TO ENROLLMENT STATUS

**\*\* You must be enrolled at least half-time (6 units for undergraduates, 4 units for graduates) to be eligible for financial aid. Please be advised that changes to the number of units may result in a reduction or cancellation of financial aid.**

- I will not be enrolled for the:  
 Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
- I have changed my enrollment status as shown below (**do not leave blanks**):  
 # of enrolled units for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
- I will be in the Reduced Fee Program for the following terms (**do not leave blanks**):  
 # of enrolled units for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**(OVER)**

**(CONTINUED)**

**CHANGES TO RESIDENCY STATUS**

The budget currently used by the Financial Aid Office to determine my award is incorrect.

- Change my Financial Aid Budget to California resident
- Change my Financial Aid Budget to non-California resident

**NOTIFICATION OF OUTSIDE ASSISTANCE**

Report any outside awards or graduate aid (includes fee waivers, fellowships, stipends, scholarships, etc.) not previously reported on your eFAN that you will be receiving for the entire academic year.

Please be advised that outside assistance may result in a reduction or cancellation of financial aid.

- I will be receiving the following:

*Name of Award*

*Total Amount*

_____	\$ _____
_____	\$ _____
_____	\$ _____

**OTHER**

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**CERTIFICATION STATEMENT:** I certify that all information reported on this form is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in the future academic years.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date