UNIVERSITY OF IOWA
OFFICE OF STUDENT FINANCIAL AID
REVISED 2008 SUMMER FINANCIAL AID APPLICATION

Complete this form only if information you provided to our office on your original *2008 Summer Financial Aid Application* or your registered hours have changed. This form can only be used to change information you originally supplied. **If you previously requested loans only and now wish to be considered for Work-Study funds, you must see a financial aid counselor.**

1. Name and Telephone Number **(Print Legibly)**	2. Social Security Number*

3. The summer session that I will enroll in has changed. I am now attending

☐ 3-Week Session (5/19 to 6/6) Hrs enrolled_____

☐ Non-3-Week Sessions Hrs enrolled_____

☐ Study Abroad or at another U.S. institution Hrs enrolled_____ (student must see a financial aid counselor)

Courses must begin on 5/19 and end on 6/6 to be included in the 3-week session. All other classes are included in the non-3-week summer sessions. If you do not enroll for the semester hours and/or session(s) you indicated, your financial aid may require an adjustment resulting in a delay in the receipt of your aid.

4. My residency has changed. Per the Registrar's Office I will now be paying

☐ resident tuition ☐ non-resident tuition

5. My housing has changed. I will now be living

☐ on-campus or off campus ☐ at home

*The U.S. Department of Education requires the use of your social security number if you are applying for financial aid. The University has a strong commitment to ensuring privacy and confidentiality of student records and will not disclose your social security number without your consent for any purposes except as allowed by law.

An award notification will be generated and sent to your mailing address as listed with the University no later than three weeks after the submission of this application. If you have not already completed a Master Promissory Note (MPN), you can complete the note at *http://dlenote.ed.gov*. **Your award will be based on your registered hours at the time the revised application is submitted. Any changes in the above information or in your registered hours may require an adjustment in your summer award.**

_____ _____ _____

Signature E-Mail Address Date

RETURN THE COMPLETED APPLICATION TO 208 CALVIN HALL, IOWA CITY, IA 52242

OFFICE USE ONLY

REVIEWED:	MISSING DOCUMENTS:	2007-2008 AWARD INFORMATION:
IVF Code (F3):_____	☐ 2007-2008 FAFSA	Tuition/Fees_____
RAP Code (F3)_____	☐ 2006 Student Tax Form	AY PELL_____
Default Code_____	☐ 2006 Parent Tax Form	AY SUB_____
	☐ 2007-2008 Verification Form (IVF)	AY UNSUB_____
Do not code Revised App on SU	AWARDS:	VA_____
	CWS_____	Award Term_____
	Pell_____	Grade Level_____
UP letter sent:_____	Sub_____	RES_____DEP_____
Reviewer's Initials_____	Unsub_____	
	Plus_____	