

# 2016-2017 Financial Aid Change Form



Name (Print clearly): \_\_\_\_\_ MCC ID: \_\_\_\_\_

✎ Please complete this form in ink pen only. ✎

**A. Please Answer:**

1. What is your expected graduation/exit date from Mott Community College (month/year)? \_\_\_\_\_

2.  Yes  No: Have you/will you attend any other college or university between *July 1, 2016- June 30, 2017*? If yes:  
Name of Institution(s) Dates Attended

\_\_\_\_\_

**B. Please Select Change(s):**

1. **Cancel All Awards**

I no longer will be attending Mott College. Please cancel all aid awarded and/or offered to me for the remainder of the school year. I understand that aid that has already paid out will not be adjusted.

2. **Select Semesters that you will be attending (Adjustment of Aid is based on your Cost of Attendance):**

Summer 2016       Fall 2016       Winter 2017       Spring 2017

3. **Make Changes by semester (Adjustment of Aid is based on your Cost of Attendance):**

**Work Study**

Decline: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Reinstate: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Adjust to: \_\_\_\_\_ (check boxes which apply)     Summer     Fall     Winter     Spring

**Subsidized Direct Loan\***

Decline: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Semester(s) I want my loan: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Reinstate: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Adjust to: \_\_\_\_\_ (per year). (check boxes which apply)     Summer     Fall     Winter     Spring

*\*Annual loan amount will be split evenly between terms.*

**Unsubsidized Direct Loan\***

Decline: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Semester(s) I want my loan: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Reinstate: (check boxes which apply)     Summer     Fall     Winter     Spring  
 Adjust to: \_\_\_\_\_ (per year). (check boxes which apply)     Summer     Fall     Winter     Spring

*\*Annual loan amount will be split evenly between terms.*

Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

*Please allow adequate time for processing. You may check your financial aid account on MCC4me to confirm the changes have been made.*

**Office Use Only**

Date Received:

Packagers Comments: