



**Center for Student Financial Aid
California State University, Los Angeles**

5151 State University Drive, SA 124
Los Angeles, CA 90032-8402
Phone: (323) 343-6260
Fax: (323) 343-3166

2018-2019
12/2017

For office use only:

Financial Aid Notification (FAN) Change Form

Last Name

First Name

M.I.

Campus Identification Number (CIN)

Phone Number (include area code)

Please complete this form if you need to notify the Financial Aid Office of: a change in your enrollment intentions, request the cancellation or consideration of aid, or report the receipt of additional resources.

- My **enrollment** plans have changed. I **will NOT be attending Cal State LA** for the following terms.

Fall 2018 Spring 2019 Summer 2019

- I am requesting **cancellation** of my awards below for the terms indicated below:

Fall 2018 Spring 2019 Summer 2019

Federal Work-Study Award

AB540 Dream Loan

Nursing Loan

Federal Direct Loan (please indicate): Subsidized Unsubsidized Loan Grad PLUS

- I am requesting **consideration** for a: Federal Work-Study Award Nursing Loan

- **Reporting Receipt of Additional Resources:**

I am reporting additional financial aid resources that I have or will receive for the 2018-19 academic year. This may include: 1) off-campus scholarships, 2) stipends, 3) veteran's benefits, 4) vocational rehabilitation benefits, or 5) tuition assistance paid directly to me or on my behalf.

List the name of the program(s) and the amount received.

Please note receipt of additional aid may affect your federal or state financial aid eligibility if the combination of funds and other resources received will exceed your cost of attendance or financial need.

- **Other Request:**

Student's Signature _____

Date: _____