



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

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2019-2020
FAAFNC

For office use only:

2019-20 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.

- **ENROLLMENT CHANGE:** I **will NOT be attending Cal State LA** for the following terms and understand that my withdrawal may impact the amount of earned financial aid and could lead to a reversal of financial aid that has already been disbursed to me for the term of withdrawal. I am fully responsible for any outstanding balance owed to the University.

Fall 2019 Spring 2020 Summer 2020

- **CANCELLATION OF AWARD:** I am requesting **cancellation** of my awards below for the terms indicated below and understand that if funds are reversed, it may create an outstanding balance if financial aid has already been disbursed to me for the term of cancellation. I am fully responsible for any outstanding balance owed to the University.

Fall 2019 Spring 2020 Summer 2020

Federal Work-Study Award

AB540 Dream Loan

Nursing Loan

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

- **AWARD CONSIDERATION REQUEST:** 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 2019-20 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:**

OFFICE USE ONLY:
If either of these sections is checked and if this form is received on or after the disbursement date of each term, please advise student to meet with a financial aid advisor. If the student is withdrawing and is either unavailable or chooses not to meet with their FA Advisor, please forward this form immediately for R2T4 evaluation.

Staff initials _____

Student's Signature _____

Date: _____