

Financial Aid Office

University of South Carolina Lancaster

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<http://usclanaster.sc.edu/finaid/index.html>

FINANCIAL AID OFFICE CAMPUS CHANGE REQUEST FORM

I, _____, (XXX-XX-____), do hereby
(Printed Name) (Last 4 digits of SSN)

request that the Financial Aid Director at USC-Lancaster change my home campus:

from _____ to _____
(Prior Campus) (New Campus)

for the _____ term(s) of _____ (year).
(Fall, Spring, Fall & Spring, Summer, etc...)

and **cancel my financial aid awards** at the Prior Campus, if any, **for that term.**

(Note: A student must decline the awards for any term in which the student plans to attend another USC Campus and request the Financial Aid Office of that campus to make awards for that term.)

CAMPUS CODES

USC Aiken	611
USC Beaufort	621
USC Coastal Carolina	631
USC Columbia	001
USC Lancaster	641
USC Salkehatchie	651
USC Sumter	671
USC Union	681
USC Upstate	661

Student Signature

Date

Financial Aid Office Use Only

Student SSN

Processed By _____

Printed Name

Date

Signature

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