

Financial Aid Office

University of South Carolina Lancaster

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<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

FINANCIAL AID OFFICE MINIMUM HOURS ADJUSTMENT REQUEST

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

request that the Financial Aid Director at USC-Lancaster change my financial aid award in the 2008-2009 Academic Year to reflect the number of hours for which I am or will be enrolled.

In the Fall, I am or will be enrolled for

hours in the **Fall (16 weeks)** Semester, 2008.

hours in the **Fall 1 (8 weeks)** Semester, 2008.

hours in the **Fall 2 (8 weeks)** Semester, 2008.

hours in **Distance Ed./Palmetto College** courses in the **Fall**, 2008.

An adjustment to your # of hours must be made to reflect the Distance Education courses and/or Palmetto College Courses, as they are not counted as USCL Courses. You will still receive Financial aid for these courses, but if the adjustment is not made your awards will not disburse.

In the Spring, I am or will be enrolled for

hours in the **Spring (16 weeks)** Semester, 2009.

hours in the **Spring 1 (8 weeks)** Semester, 2009.

hours in the **Spring 2 (8 weeks)** Semester, 2009.

hours in **Distance Ed./Palmetto College** courses in the **Spring**, 2009.

By signing this form I am stating that I understand I may not receive more financial aid than what I am eligible for based upon my enrollment status. If I have received more aid than I am eligible for I will be required to return those funds to the University of South Carolina.

Student Signature

Date

Financial Aid Office Use Only

_____-_____-_____
Student SSN

Processed By _____

Printed Name

Date

Signature

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