

# Financial Aid Office

University of South Carolina Lancaster

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

## FINANCIAL AID OFFICE SUMMER 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 Summer of 2011 to reflect the number of hours for which I am or will be enrolled.

In the Summer, I am or will be enrolled for

hours in the **May** Semester, 2011.

hours in the **Summer I** Semester, 2011.

hours in the **Summer II** Semester, 2011.

hours in **Distance Ed./Palmetto College** courses in the **Summer**, 2011.

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.

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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