

2024-2025 Financial Aid Request Form

Name LC State ID Number Date

Aid Adjustment Request

Please Cancel - Fall 2024 Spring 2025 Summer 2025

Please Reduce - Fall 2024 Spring 2025 Summer 2025

All Financial Aid Subsidized Loan - Amount \$ _____

Work-Study – Amount \$ _____ Unsubsidized Loan – Amount \$ _____

And / Or

Change of Enrollment Request

Indicate number of credits you **will take each semester**. Review the Satisfactory Academic Progress Policy (SAP) before making any changes in your enrollment status. The SAP policy is available at the Financial Aid Office or online at <http://www.lcsc.edu/financial-aid>. A change of credit load may result in loss of aid eligibility. Check with the Financial Aid Office before adding or dropping credits.

of Credits Fall 2024 _____

of Credits Spring 2025 _____

of Credits Summer 2025 _____

Full Time = 12 Credits

$\frac{3}{4}$ Time = 9-11 Credits

$\frac{1}{2}$ Time = 6-8 Credits

Less Than $\frac{1}{2}$ = 1-5 Credits

Note: If completing the Change of Enrollment Request during the Fall semester, Spring aid will ALSO be adjusted according to the credit level listed for the Fall, unless otherwise indicated. If you are concurrently enrolled or on an approved Consortium Agreement, only include LC State credits.

Student's Signature (Digital signatures only accepted if submitted via LCMail)

Date

FA24ACF/FA24ESC