



## FINANCIAL AID ADJUSTMENT FORM

Student Name:	
Award Year:	Student ID:
Email Address:	Telephone Number:

### NOT ATTENDING:

I am not attending/no longer attending Virginia Union University. Please cancel ALL aid.

### DECLINE:

I am declining the following financial aid awards:

Award Type	Fall Amount	Spring Amount	Total Amount
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0

### REDUCE:

I am reducing the following financial aid awards:

Award Type	Fall Amount	Spring Amount	Total Amount

Student Signature	Date
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Return this form to the Office of Financial Aid

Virginia Union University  
 1500 N. Lombardy Street  
 Richmond, VA 23220  
 Fax: (804) 257-5797  
 Email: [finaid@vuu.edu](mailto:finaid@vuu.edu)