



### Graduate Financial Aid Adjustment/Decline Aid Form

Please see your advisor before requesting an adjustment in financial aid to ensure coverage of course charges and anticipated expenses for each term. It is important to note that if you choose to adjust and/or decline an award, it may result in an outstanding student account balance. If your account reflects a balance, you will need to speak directly to a Student Accounts Representative to resolve your balance (804-257-5711).

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

I am requesting to Adjust or Decline my financial aid, awarded by the Office of Graduate Financial Aid, for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Students are ONLY eligible for funds if enrolled in that term. **Requested amounts should include (total charges, 1% origination fee and estimated refund).** Indicate Adjustment(s) to or Declining of Federal Direct Unsubsidized or GradPlus Loans (**ONLY**) below:

**FALL TERM:** ADJUST \_\_\_\_\_ DECLINE \_\_\_\_\_ Amount Requested: \_\_\_\_\_ # of Courses: \_\_\_\_\_

**WINTER TERM:** ADJUST \_\_\_\_\_ DECLINE \_\_\_\_\_ Amount Requested: \_\_\_\_\_ # of Courses: \_\_\_\_\_

**SPRING TERM:** ADJUST \_\_\_\_\_ DECLINE \_\_\_\_\_ Amount Requested: \_\_\_\_\_ # of Courses: \_\_\_\_\_

**SUMMER TERM:** ADJUST \_\_\_\_\_ DECLINE \_\_\_\_\_ Amount Requested: \_\_\_\_\_ # of Courses: \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

~~~~~  
*For Official USE ONLY*

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_