Financial Aid Office
P.O. Box 14007 ● Salem, OR 97309
503.399.5018 ● Fax 503.399.5528
financialaid@chemeketa.edu

Chemeketa Community College

Request for Change

For Use AFTER Financial Aid Has Been Awarded

Student Name: _____ Student ID Number: **K**_____

Allow A Minimum Of Two Weeks To Process Request

Change Enrollment Level:

Summer 2026	Fall 2026	Winter 2027	Spring 2027
☐ Full-time (12+ credits)	☐ Full-time (12+ credits)	☐ Full-time (12+ credits)	☐ Full-time (12+ credits)
☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)	☐ 3/4-time (9-11 credits)
☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)	☐ Half-time (6-8 credits)
☐ Less than half-time	☐ Less than half-time	☐ Less than half-time	☐ Less than half-time
☐ Not attending	☐ Not attending	☐ Not attending	☐ Not attending

Change Loans:

Change my loans to reflect the following:

☐ I would like to accept $ _____ in Direct Loan(s) that I declined or was not eligible to borrow.
*(**YEARLY** dollar amount – **Not per term amount**)*

☐ I would like to decline $ _____ in Direct Loan(s) that I previously accepted.
*(**YEARLY** dollar amount – **Not per term amount**)*

☐ My parent would like to be considered for PLUS loan eligibility.

_____ _____
Parent name (printed). **Parent signature (required)**

Please Note: *Your Parent is responsible for repayment of this loan*.

Other Changes:

Please make the following other changes to my financial aid:

_____

_____

_____

_____ _____
Student signature Date