## 2023-24 Financial Aid Re-Eval/Enrollment Request Form



## Office of Financial Aid

Louisiana State University Eunice P. O. Box 1129, Eunice, LA 70535 Phone: (337) 550-1282 • Fax: (337) 550-1266 • Email: finaid@lsue.edu

Student's Name:			ID No.:	
	Last	First	Middle	
I. <u>ENRC</u>	OLLMENT ADJUSTM	ENT REQUEST		
	enroll in the University. I ving semester(s):	Please close my financia	l aid file and cancel all my awarded aid for	
	Fall 2023	Spring 2024	Summer 2024	
I will enro	oll in the University. Plea	se award me financial a	id for the following semester(s):	
	Fall 2023	Spring 2024	Summer 2024	
II. <u>RE-E</u>	<b>EVALUATION REQUE</b>	<u>ST</u>		
	Fall 2023	Spring 2024	Summer 2024	
e	istered and paid for the so for next semester.	emester indicated above.	. Please re-evaluate my financial aid	
I have adv	ranced to Grade Level 2 (	Sophomore) by earning	30 or more hours. Please increase my Direc	

I have advanced to Grade Level 2 (Sophomore) by earning 30 or more hours. Please increase my Direct Subsidized/Unsubsidized Loan for the semester indicated above.

## III. <u>OTHER</u>

Fall 2023 Spring 2024

Please close my financial aid file. I am not interested in being considered for financial aid.

Please re-open my financial aid file. I am interested in being considered for financial aid.

Please print, sign and return form to the Financial Aid Office.

I certify that all information I have given is accurate and complete to the best of my knowledge as of this date.

Summer 2024