# 2020-21 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. ENROLLMENT ADJUSTMENT REQUEST

☐ I will not enroll in the University. Please close my financial aid file and cancel all my awarded aid for the following semester(s):

☐ Fall 2020 ☐ Spring 2021 ☐ Summer 2021

☐ I will enroll in the University. Please award me financial aid for the following semester(s):

☐ Fall 2020 ☐ Spring 2021 ☐ Summer 2021

## II. RE-EVALUATION REQUEST

☐ Fall 2020 ☐ Spring 2021 ☐ Summer 2021

☐ I have registered and paid for the semester indicated above. Please re-evaluate my financial aid eligibility for next semester.

☐ 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. OTHER

☐ Fall 2020 ☐ Spring 2021 ☐ Summer 2021

☐ 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.

_____ _____
Student's Signature Date