2021-22 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			
	will not enroll in the University. Ple e following semester(s):	ase close my financia	l aid file and cancel all my awarded aid for	
	Fall 2021	Spring 2022	Summer 2022	
Iv	will enroll in the University. Please	award me financial a	id for the following semester(s):	
	Fall 2021	Spring 2022	Summer 2022	
II.	RE-EVALUATION REQUES	<u>[</u>		
	Fall 2021	Spring 2022	Summer 2022	
	have registered and paid for the sem igibility for next semester.	nester indicated above.	. Please re-evaluate my financial aid	
	have advanced to Grade Level 2 (So ubsidized/Unsubsidized Loan for th		30 or more hours. Please increase my Direc bove.	

III. OTHER

Fall 2021Spring 2022S

Summer 2022

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.