



Office of Student Financial Assistance

Request for Revision of Financial Aid Package

Name: _____ LoLA#: _____

Current Address: _____

Telephone #: _____ Email: _____

I hereby request that the Office of Student Financial Assistance revise my financial aid package for the following semester(s): **(Please check one)**

_____ Fall 202_/ Spring 202_ _____ Fall 202_ _____ Spring 202_ _____ Summer 202_

Please change my award package as followed:

_____ I wish to add student loans (___ Subsidized ___ Unsubsidized)

_____ I wish to decline my student loan(s)

Please indicate which loan you wish to decline ___ Subsidized ___ Unsubsidized

_____ I wish to decline all of my financial aid

Student Signature: _____ Date: _____

Financial Office Use Only

Revision Comments: _____

FA Advisor: _____ Date: _____

City Park Campus
615 City Park Ave.
New Orleans, LA 70119
(504) 671-5040
(504) 483-4289 Fax

Westbank Campus
2600 General Meyer Ave.
New Orleans, LA 70114
(504) 762-3100
(504) 361-6257 Fax

Charity School of Nursing
450 S. Claiborne Ave.
New Orleans, LA 70112
(504) 571-1335/1336
(504) 571-1412 Fax

West Jefferson Campus
5200 Blair Drive.
Metairie, LA 70001
(504) 671-6703
(504) 736-7120 Fax

Sidney Collier
3727 Louisa Street
New Orleans, La. 70126
(504) 941-8500
(504) 941-8501