## 2024-2025



Date:

## Revision Request Form

information may result in federal fines, jail sentences, or both.

origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

Student Signature:

Covers Fall 2024, Spring 2025, Summer 2025 Phone: ( ) Student's Name (PRINT): Date of Birth: \_\_\_\_/\_\_\_ Home Campus:\_\_ HCC ID: (Primary location of attendance) (9-digit number required) This form can be used to request changes to the 2024-2025 financial aid award package, such as cancellation, reinstatement, and loan changes. **Aid Type** Semester All Aid Fall 2024 **Reinstatement of Financial Aid** Spring 2025 (Reinstatement of aid is based on available Grants Work-study Summer 2025 funding and all aid may not be reinstated). Loans Other Loan Amount Increase \$\_\_\_\_\_\_ Loan Amount Decrease \$\_\_\_\_\_ **Request Loan Amount Changes Request Work - Study Aid Type** Semester **Cancellation of Accepted Aid** Fall 2024 (If any financial aid has already disbursed, you All Aid may have to repay funds) Subsidized Loan Spring 2025 **Unsubsidized Loan** Summer 2025 Grants Work-study Certification

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national

By signing below, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading

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