

SCC

Scottsdale Community College

INFORMATION CORRECTION FORM 2009-2010

Name (print)

Social Security Number or Student ID

- Anticipated Hours:
- Fall 2009 _____ anticipated credit hours
 - Spring 2010 _____ anticipated credit hours
 - Sum I/2010 _____ anticipated credit hours
 - Sum II/2010 _____ anticipated credit hours

- Please **cancel my financial aid award** for:
- Fall 2009
 - Spring 2010
 - Sum I/2010
 - Sum II/2010

- Please **cancel my loan** for:
- Fall 2009
 - Spring 2010
 - Sum I/2010
 - Sum II/2010

- Please **reduce my total loan amount** to:
- \$ _____ Subsidized
- \$ _____ Unsubsidized

- Change in Graduation Date: _____ / _____
Month Year

STUDENT SIGNATURE

DATE

Return Form To: Financial Aid Office, SCC, 9000 E. Chaparral Rd., Scottsdale, AZ 85256 OR Fax/480-423-6591