



Western Oregon
UNIVERSITY

REVISION REQUEST

Student Name (print)

WOU Student ID

Local Address

Phone

City State Zip

Clearly state the change that you would like made and reasons for the request. An email will be sent to your WOU email account after the request has been processed. **This process can take up to 6 weeks.**

Student Signature

Date

OFFICE USE ONLY:

Comments:

Counselor_____ Date_____

This document is available in alternative formats. Please give reasonable notice to the Financial Aid Office.

WOU Financial Aid Office

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