



REVISION REQUEST

|               |  |             |  |
|---------------|--|-------------|--|
| Student Name: |  | Student ID: |  |
| Phone Number: |  | Date:       |  |

Clearly state the change that you would like made to your financial aid package 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.**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Comments:

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_