



Request for Adjustment

Financial Aid Office
 Phone: (208) 524-3000 ext.7
 Toll Free: 1-800-662-0261
 Fax: (208) 525-7026
financial.aid@cei.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

INSTRUCTIONS: Please state below your request for adjustment to your financial aid offer. If you are requesting your financial aid to be canceled to attend a different institution, please include the name of the institution you will be attending. Please allow three to five business days for your request to be reviewed. A notification regarding your request will be sent to your CEI email. You may review adjustments in Self-Service or contact the Financial Aid Office.

Select Term you are requesting financial aid adjustment(s)
<input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____

Explanation of Change request:
<p style="text-align: center;">**Must be enrolled in 6 credits to be loan eligible and must complete the loan requirements**</p>

Certification and Signature
 The person signing this form certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ Date: _____

Financial Aid Office Use Only	Received By :	Date Received:	COD or CPS Correction <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Award adjusted: <input type="checkbox"/>	Date: _____	Processed By: _____
Comments: _____			