



# 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](mailto:financial.aid@cei.edu)

1600 S. 25<sup>th</sup> 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: _____			