

Xavier University of Louisiana

Office of Student Financial Aid

1 Drexel Dr. Box 40 New Orleans, LA 70125 Tel: (504) 520-7835 Fax: (504) 520-7906 Email: finaid@xula.edu

ADJUST MY FINANCIAL AID OFFER

This form should be used to adjust the financial aid that is a part of your financial aid offer for the academic year (Fall/Spring semesters).

• **Note:** This form should not be used to request additional aid that has not been offered. To request additional aid that is not on your account, please complete the **Request for Additional Financial Aid** form. There is a separate form that must be completed for summer aid. Also, pharmacy students should complete the **Pharmacy Request for Additional Aid** form.

PRINT LEGIBLY AND CLEARLY IN INK

	Thistinal	First Name: Telephone #: City, State: Classification:		M.I.: Zip Code: XULA E-Mail:	
ool ID#:	Telephoi				
me Address:	City, Stat				
or:	Classifica				
Semester (circle one): F	all 2023	Spring 2024	Fall 2023 -	Spring 2024	
TYPE OF AID: Check applicab	` ,	rlease enter the total an	aid for the type	(s) of aid you are	
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