

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

: Name:	First Name: Telephone #: City, State: Classification:		M.I.:	M.I.:	
ool ID#:					
ne Address:			Zip Code:	Zip Code: XULA E-Mail: Fall 2024 - Spring 2025	
or:			XULA E-Ma		
Semester (circle one): Fall			Fall 2024 -		
TYPE OF AID: Check applicable	circle(s).	Please enter the total an	_		
semester or year. If you wish to adjusting, please write the word instate).	receive			. ,	
semester or year. If you wish to adjusting, please write the word	o receive d "max". Y D	ou may only check off o n		,	
semester or year. If you wish to adjusting, please write the word instate). O Direct Subsidized Loan	o receive d "max". Y D	ou may only check off o n	ne action (decreas	se, increase or re-	
semester or year. If you wish to adjusting, please write the word instate). O Direct Subsidized Loan O Direct Unsubsidized Loan	o receive d "max". Y D - n _	ou may only check off o n	ne action (decreas	se, increase or re-	
semester or year. If you wish to adjusting, please write the word instate). O Direct Subsidized Loan O Direct Unsubsidized Loan O Parent PLUS Loan*	o receive d "max". Y D - n _	ou may only check off o n	ne action (decreas	se, increase or re-	