

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.

	VT LEGIB	LY AND	CLEARLY II	N INK	
t Name:	First Name:			M.I.:	
ool ID#:	Telephone #:				
me Address:	City, State:			Zip Code:	
jor:	Classification:			XULA E-Mail:	
Semester (circle one): Fal	2025 Spring 2026			Fall 2025 - Spring 2026	
TYPE OF AID : Check applicable semester or year. If you wish t adjusting, please write the wo reinstate).	o receive th rd "max". Y	ne maximi	ım amount of a	id for the type(s)	of aid you ar
O Direct Subsidized Loan	DEC	'VEASE	INCREASE	KE-INSTATE	AMOUNT
O Direct Subsidized Loan					
 Direct Unsubsidized Loan 	ı				
o Parent PLUS Loan*					
O Grad PLUS Loan (grad studen	ts only)				
o PELL Grant					
o Other:					
*If an increase is requested above what wa the counselor. PLEASE NOTE: Completion of this form doe financial aid, you will receive an e-mail not	es not guarantee	that you will	be awarded addition	al financial aid. If you ar	
Student's Signature					Date