## $\frac{FINANCIAL\ AID\ AND\ SCHOLARSHIPS}{UNIVERSITY\ of\ CALIFORNIA \cdot IRVINE}$

## 2024-25 Change of Status Form

Name	e U(			ID Number	
Revis	ion Request:	Complete <b>only</b> the item(	(s) that have changed.		
1.	My housing s	status will be:			
		Residence hall Vista del Campo, Vist Camino Del Sol, Puer Verano	a del Campo Norte, ta Del Sol, Plaza Verde		Palo Verde With Parents or Guardians Off Campus Campus Village
		Effective: 🛛 Fall 202	4 🛛 Winter 202	5	Spring 2025
2.	I will be receiving the following scholarships not listed on my "My Aid" awards:"				
					Amount \$ Amount \$
3.	I will not be a	be attending (check all that apply): $\Box$ fall term $\Box$ winter term $\Box$ spring term			
4.	My degree objective for the 2024-25 academic year is:				
	<ul> <li>1st BA/BS degree</li> <li>Other</li> </ul>		□ 2 <sup>nd</sup> BA/BS degree		Graduate Student
5.	□ My family member(s) will not attend college in the 2024-25 academic year.				
5.	Terminate my Work-Study award and replace with a student/parent loan.				
7.	Other changes:				
If you		ur office to continue proc	essing your 2024-25 finan n it. Return the signed st		application, you must check the to our office.
	🗅 A. I		UCI during the 2024-25 a		c year and I am requesting that my

B. I <u>do not wish to continue processing</u> my application for financial aid for the 2024-25 academic year. I understand that my financial aid application is for all programs including Federal Pell Grant, Cal Grants A and B, Middle Class Scholarship, Federal Direct Loans and Federal Parent Loans for Undergraduate Students (PLUS).

Signature

Date\_\_\_\_\_