

OUWB Financial Services

E-mail: medfinservices@oakland.edu

Phone: (248) 370-3611 Fax: (248) 370-4276

2016-2017 OUWB Revision Form

Last Name	First Name		Grizzly ID (G#)
B. Change Current Financial Aid	Package		
Decline or Decrease Awards: The do not send the excess funds back University. You may only decline notification of disbursement.	to your lender because the b	alance will be pa	ayable to Oakland
□Federal Direct Unsubsidized Loan	Decline □ or Decrease to: □	Fall \$	□Winter \$
☐Graduate PLUS Direct Loan	Decline □ or Decrease to: □	Fall \$	□Winter \$
Increasing Awards:			
☐Federal Direct Unsubsidized Loan	Increase to: □	Fall \$	□Winter \$
☐Graduate PLUS Direct Loan	Increase to: □	Fall \$	□Winter \$
C. Change Housing:			
I would like to change my housing	status to:		
□On-Campus	□Off-Campus		☐With Parent(s)
D. Other Scholarships & Resource your current award notification.	es: List any additional resou	rces you will be	receiving aside from those or
Scholarship/Resource Name:	[□Fall: \$	□ Winter: \$
Student Signature		Date	