

## 2025–2026 Fall/Winter Revision Form

Loans **MUST** be Accepted or Declined on MySAIL

Student Name \_\_\_\_\_ Grizzly ID# \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete **Part 1** if you want to change your financial aid award after you initially accepted or declined loans on MySAIL, **Part 2** to change your enrollment, **Part 3** to change your housing status, and/or **Part 4** (parent only) to change the Parent PLUS loan refund designation. Revision forms are processed in the order they are received. Please allow two weeks for processing. By signing this form, you certify that all information reported is complete and correct.

### Part 1 – Change Current Financial Aid Package:

<b>Do not plan to attend OU:</b>			
<input type="checkbox"/> Cancel Fall and Winter Awards (Sep-Apr) – I will not attend OU Fall 2025 and Winter 2026. <input type="checkbox"/> Cancel Fall Award Only (Sep- Dec) – I will not attend OU Fall 2025, but plan to attend Winter 2026. <input type="checkbox"/> Cancel Winter Award Only (Jan-Apr) – I will not attend OU Winter 2026. <input type="checkbox"/> I am graduating December 2025 and taking _____ credits in the Fall semester.			
<b>Decline or Decrease Awards:</b> Your loans will be reduced in equal amounts between fall and winter (if applicable). This may result in a balance due on your OU student account. In this case, <u>do not send the excess funds back to your lender</u> because the balance will be due at OU. <i>You may decline or decrease a Federal loan up to 30 days after you have been notified of the disbursement.</i>			
<input type="checkbox"/> <b>Federal Subsidized Direct Loan</b>	Decline <input type="checkbox"/> <b>or</b>	Decrease total to <input type="checkbox"/> _____	
<input type="checkbox"/> <b>Federal Unsubsidized Direct Loan</b>	Decline <input type="checkbox"/> <b>or</b>	Decrease total to <input type="checkbox"/> _____	
<input type="checkbox"/> <b>Parent or Grad PLUS Direct Loan</b>	Decline <input type="checkbox"/> <b>or</b>	Decrease total to <input type="checkbox"/> _____	
<input type="checkbox"/> <b>Parent Signature</b> (if Parent PLUS) _____		<b>Date</b> _____	
<input type="checkbox"/> Decrease my loan funds by the amount of my <b>refund</b> \$ _____ I understand that I am responsible for cashing/repaying these funds to OU.			
<input type="checkbox"/> <b>Federal College Work-Study</b>	Decline <input type="checkbox"/> <b>or</b>	Decrease total to <input type="checkbox"/> _____	
<input type="checkbox"/> <b>Federal TEACH Grant</b>	Decline <input type="checkbox"/> <b>or</b>	Decrease total to <input type="checkbox"/> _____	
<b>Increasing Awards:</b> Your loans will be increased in equal amounts between fall and winter (if applicable).			
<input type="checkbox"/> <b>Increase ALL LOANS</b> based on my current class standing <input type="checkbox"/> <b>Increase</b> my total loans to \$ _____ <input type="checkbox"/> <b>Increase ONLY Subsidized Direct Loan</b> to maximum possible based on my grade level <input type="checkbox"/> <b>Increase</b> I am a full-time Graduate student. Increase loans to maximum eligibility <input type="checkbox"/> <b>Increase</b> my Plus Loan to \$ _____ <input type="checkbox"/> <b>Increase</b> I have applied and been denied for the Plus Loan. I do not wish to pursue the Plus, process additional loan funds for my student.			
<b>Parent Signature</b> (if Parent PLUS) _____		<b>Date</b> _____	

**Part 2 – Change Enrollment:** ☐ **Fall 2025** Number of Credits \_\_\_\_\_ ☐ **Winter 2026** Number of Credits \_\_\_\_\_

**Part 3 – Change Housing:** If you signed a housing contract but now plan to live off campus, complete this form **AND** contact housing@oakland.edu

☐ Fall and/or ☐ Winter to: ☐ On-Campus ☐ Off-Campus/With Parent(s) ☐ Off-Campus/Not With Parent(s)

### Part 4 – Change Parent PLUS Loan refund designation:

- ☐ When initially filling out the PLUS Loan application, I requested the refund to the Parent but wish to change it to be sent to the student.  
☐ When initially filling out the PLUS Loan application, I requested the refund to the student but wish to change it to be sent to me, the parent at:

Address Line \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office of Financial Aid and Scholarships  
 North Foundation Hall, Room 120  
 318 Meadow Brook  
 Rochester, MI 48309

finaid@oakland.edu  
 248-370-2550  
 oakland.edu/financialaid