



**FILE UPDATE REQUEST
2026-2027**

***Please allow up to 7- 10 business days for your request to be processed. ***

Name: _____ SSN/ID: _____

FRANU Email: _____ Cell Phone: _____

Please check the appropriate box to indicate your request.

- ☐ Award additional loan eligibility based on the following reason:
- ☐ 30 earned hours
 - ☐ 60 earned hours
 - ☐ Entering a graduate program in the _____ semester
 - ☐ My parent was denied for a PLUS loan
- ☐ Please consider me for the aid I initially declined.
- ☐ I would like to be considered for the following aid:
____ Work Study ____ PLUS Loan ____ Student Loan.
- ☐ My new expected graduation date is _____. Please award additional aid for the following semester(s):
- ☐ Fall 2026 ____ Number of hours enrolled
 - ☐ Spring 2027 ____ Number of hours enrolled
 - ☐ Summer 2027 ____ Number of hours enrolled.
- ☐ I would like to cancel my student aid for the _____ semester(s).
- ☐ Other (*be specific*):

You will receive notification by email (or phone in some cases) if additional information is needed and once your request has been completed.

Signature: _____ Date: _____