



## 2025-2026 Graduate Financial Aid Revision Request Form

**Student Name**  **LMU ID**

**I am enrolled in the following graduate program:**

☐ **Non-degree Credential**    ☐ **Post-Baccalaureate Pre-Medical**    ☐ **Master's Degree**    ☐ **Doctoral (Ed.D)**

**1. FAFSA CONSIDERATION:**

- ☐ I am not interested in receiving financial aid for the 2025-2026 academic year.
- ☐ I completed the FAFSA and sent it to LMU but you do not have it (SSN required) SSN:

**2. COST OF ATTENDANCE (COA) ADJUSTMENT DUE TO UNIT ENROLLMENT:**

**I will enroll in**  **units Fall 2025**  **units Spring 2026**

☐ Check here if you will graduate in December 2024

**3. LOAN REVISIONS:**

- ☐ I would like to revise the principal amount of my  loan from \$  to \$
- ☐ I would like to revise the principal amount of my  **loan from \$**  **to \$**
- ☐ I requested a cost of attendance adjustment (COA) in step 2, please increase my loan(s) to the maximum allowable amount.

**4. I HAVE RECEIVED ADDITIONAL RESOURCES (e.g. Scholarships, company reimbursement):**

Source	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**5. I AM INTERESTED IN RECEIVING STUDENT EMPLOYMENT:**

- ☐ Please consider me for a work study award. I understand not all students are eligible for work study.

**6. OTHER:** Please provide details below:

I understand that aid can only be offered or adjusted if funding and eligibility exists. This form must be received by our office at least 10 business days prior to the end of the semester in order to be considered. Revisions will take 5-7 business day to be reflected on PROWL.

**Student Signature** \_\_\_\_\_

**Date**

**How to Submit this Form:**

**Phone:** 310.338.2753

**Fax:** 310.338.2793

**Mail to:** LMU Financial Aid Office  
1 LMU Drive, Suite 270  
Los Angeles, CA 90045

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at [financialaid.lmu.edu/upload](http://financialaid.lmu.edu/upload)

For Office Use Only:  
RRAAREQ - REVREQ at C & R  
Etrieve - Revision Request

FAO Staff Initial \_\_\_\_\_  
Date: \_\_\_\_\_