



REQUEST TO REVISE FINANCIAL AID

Name _____

UMID _____

Term _____

Final Number of Credits for Above Term _____

- I request that the Office of Financial Aid revise my financial aid for the term designated above to based on my final number of credits.
- I understand that if I add or drop credits after this revision that my financial aid may change and that I may owe money on my account to the University. I also understand that any account balance will be my responsibility.
- I understand that I can monitor my account on the UM-Dearborn secured website and that the Cashiers/Student Accounts Office will not send a bill to my home advising me of any balance owed.

Signature

Date

Please allow a minimum of 72 hours for the processing during non-peak times.