



**2019-2020 MINIMUM HOURS ADJUSTMENT REQUEST**  
FOR FINANCIAL AID AWARDS

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
VIP ID

I do hereby request that the Financial Aid Office change my financial aid award in the 2019-2020 Academic Year to reflect the number of hours for which I am or will be enrolled.

**In the Fall**, I am or will be enrolled for

- hours in the **Fall (16 weeks)** Semester, 2019.
- hours in the **Fall 1 (8 weeks)** Semester, 2019.
- hours in the **Fall 2 (8 weeks)** Semester, 2019.

**In the Spring**, I am or will be enrolled for

- hours in the **Spring (16 weeks)** Semester, 2020.
- hours in the **Spring 1 (8 weeks)** Semester, 2020.
- hours in the **Spring 2 (8 weeks)** Semester, 2020.

By signing this form I am stating that I understand I may not receive more financial aid than what I am eligible for based upon my enrollment status. If I have received more aid than I am eligible for I will be required to return those funds to the University of South Carolina.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date