



2020-2021 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 2020-2021 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, 2020.
- hours in the **Fall 1 (8 weeks)** Semester, 2020.
- hours in the **Fall 2 (8 weeks)** Semester, 2020.

In the Spring, I am or will be enrolled for

- hours in the **Spring (16 weeks)** Semester, 2021.
- hours in the **Spring 1 (8 weeks)** Semester, 2021.
- hours in the **Spring 2 (8 weeks)** Semester, 2021.

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

Financial Aid Office Use Only
Processed By

YEAR

BANNER ID

Printed Name

Signature

Date