

CECTION 4. Charlent Information

Academic Year 2023-2024

REQUEST FOR REINSTATEMENT OF PREVIOUSLY DECLINED FUNDS

PURPOSE: Students who have previously declined offered funding can complete this form to request to utilize previously offered funding, up to estimated Cost of Attendance.

INSTRUCTIONS: Complete this form in its entirety and submit via Secure Document Upload to the Office of Student Financial Aid Services.

- Students who have accepted offered funds for the full estimated Cost of Attendance and are requesting additional funds should complete Request for Budget Adjustment.
- Requests must be submitted within applicable term. Requests submitted after the term has ended may not be considered.

UConn Health Office of Student Financial Aid Services 263 Farmington Ave Farmington, CT 06030

Phone: (860) 679-1364 Fax: (860) 679-1902

Web: https://health.uconn.edu/ financial-aid/

Secure Document Upload:

https://fileupload.financialaid.uconn.edu /uch form upload.php?students=

SECTION 1: Student information				
Last Name	First Name		MI	
Student ID	Phone Number			
SECTION 2: School and Year				
School:		Year:		
SECTION 3: Requested Funds				
Term:	Requested amount of funding, in whole dollars:			
SECTION 4: Review the following:				
By completing and signing this form, I certify that I have read and understand the following:				
 Requesting reinstatement of previously declined fund offers may increase loan indebtedness; 				

- Reinstatement of previously declined Federal Direct Grad Plus Loan Eligibility offers may require a
- completed Federal Grad Plus application;
- Requests in excess of estimated Cost of Attendance will also require a completed Request for Budget Adjustment;
- If approved for additional funds, a revised Financial Aid offer will be sent via email:
- I will be notified via email if my request is denied.

SECTION 5: Signature (Wet signatures, electronic versions of wet signatures accepted. Typed signatures NOT ACCEPTED.)			
Signature	Date		