

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 requested term has ended may not be considered.

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

Phone: (860) 679-3574
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		
Medical	1 st Year	3 rd Year
Dental	2 nd Year	4 th Year
SECTION 3: Requested Funds		
Term:	Requested amount of funding, in whole dollars:	
SECTION 4: Review the following:		
<p>By completing and signing this form, I certify that I have read and understand the following:</p> <ul style="list-style-type: none"> 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 <i>(Wet signatures, electronic versions of wet signatures accepted. Typed signatures not accepted.)</i>		
Signature	Date	