



**FILE UPDATE REQUEST
2025-2026**

***Please allow up to 7- 10 business days for your request to be processed. ***

Name: _____ **SSN/ID:** _____

FRANU Email: _____ **Cell Phone:** _____

Please check the appropriate box to indicate your request.

- Award additional loan eligibility based on the following reason:
 - 30 earned hours
 - 60 earned hours
 - Entering a graduate program in the _____ semester
 - My parent was denied for a PLUS loan
- Please consider me for the aid I initially declined.
- I would like to be considered for the following aid:
____ Work Study ____ PLUS Loan ____ Student Loan.
- My new expected graduation date is _____. Please award additional aid for the following semester(s):
 - Fall 2025 ____ Number of hours enrolled
 - Spring 2026 ____ Number of hours enrolled
 - Summer 2026 ____ Number of hours enrolled.
- I would like to cancel my student aid for the _____ semester(s).
- Other (be specific):

You will receive notification by email (or phone in some cases) if additional information is needed and once your request has been completed.

Signature: _____ **Date:** _____