FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

# FILE UPDATE REQUEST
# 2026-2027

****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 2026 ____ Number of hours enrolled
- ❍ Spring 2027 ____ Number of hours enrolled
- ❍ Summer 2027____ 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:** _____

**Please email this form to financialaid@franu.edu**