

Grant Record Change Form For Students Cal Grant Program

Enter Award Year

/
(e.g) 2006 / 2007)

Complete this form to notify the California Student Aid Commission of changes in your name, address, Social Security number, your school of attendance, or to request a leave of absence, program change or program withdrawal. You can make school changes, address changes and leave of absence requests on-line at WebGrants for Students. Go to www.csac.ca.gov and look for the WebGrants for Students link on the right. Read the instructions on the reverse side before completing. Print or type all information.



SECTION 1. STUDENT INFORMATION

Address changes can be done on-line at <https://mygrantinfo.csac.ca.gov>

1. Student's name (Current last, first, middle initial) Send this form back only if corrections are necessary.

Last Name First Name MI
If this is a name change, please print **PREVIOUS name in shaded box** and attach a copy of the driver's license, SSN card or marriage certificate

Last Name First Name MI

2. Social Security number - If submitting a correction, please print the **INCORRECT NUMBER in the shaded box** and attach a copy of the correct SSN card.

_____/_____/____ (____)_____

3. Date of birth

4. Telephone number - daytime phone number

5. Address: Is this an address change? Yes No

Street address City State Zip code

6. Email address

SECTION 2. SCHOOL CHANGE

School changes can be done on-line at <https://mygrantinfo.csac.ca.gov>

7. School change: I wish to change my school of attendance. Indicate the date for which you are requesting a school change (e.g. August 2007)

School name City Date

8a. School change effective: (check one) Fall term Winter term Spring term Summer term

8b. I plan to reside: (check one) On campus (dorm) Off campus (apartment, etc.) At home with parents or relatives

SECTION 3. LEAVE OF ABSENCE REQUEST

Leaves of absence can be done on-line at <https://mygrantinfo.csac.ca.gov>.

9. School of attendance or most recent attendance Date and term last attended

I request a Leave of Absence for the following term(s): Check box(es) Fall term Winter term Spring term

Indicate exact dates for which you are requesting a Leave of Absence: From: _____ To: _____

10. Briefly state your reason(s) for a leave of absence: (please print or type — attach additional pages or documentation if necessary)

SECTION 4. PROGRAM CHANGE REQUEST

(Please read instructions on reverse)

11. A signature from a financial aid officer at your college is required when requesting a change in grant program. Changing your Cal Grant program will change the amount of your Cal Grant award. Request any program changes as early as possible because program changes cannot be made after program funds have been disbursed. Change my Cal Grant program from Cal Grant ____ to Cal Grant ____.

Signature of Financial Aid Officer:

SECTION 5. PLEASE WITHDRAW MY CAL GRANT

(Please read instructions on reverse)

12. By checking this box I am asking that my Cal Grant award offer be withdrawn. I have read the instructions on the reverse of this sheet.

List reason for withdrawal request:

SECTION 6. STUDENT'S SIGNATURE

(YOU MUST SIGN AND DATE THIS FORM) Send this form back only if corrections are necessary.

• _____ Date
13. Signature (I certify to the best of my knowledge that the information I have filled in above is true and correct.)
G-10 (06/07) (OVER)

Instructions for Completing the Grant Record Change Form for Students

Schools changes, address changes and leave of absence requests can all be made on-line at WebGrants for students. Go to www.csac.ca.gov and look for the WebGrants for Students link on the right side of the page. Name and Social Security number changes, and program withdrawals and changes must be made using this form. Complete and send this form back only if corrections are necessary.

Section 1 — Student Information (This section and Section 4 must be completed)

1. Enter your name (current last, first, middle initial). If you indicated a name change in question #1, please provide your **previous** name (last, first, middle initial) in the shaded box. Remember to print or type clearly.
2. Enter your Social Security number. If your Social Security number is a change from Commission records, enter your correct number and *attach a copy of your Social Security card*.
3. Enter your date of birth (month, day, year).
4. Enter your telephone number, including area code.
5. Check "Yes" if your address is different from the Commission's records. Check "No" if your address is the same as the Commission's records. Enter your street address, city, state and five- or nine-digit zip code.
6. Enter your email address.

Section 2 — School Change

7. If you wish to change your school of attendance, enter the school's name, city and date effective. **A change in school choice may effect your eligibility for an award.**
- 8a. Enter the term the school change is effective.
- b. Check whether you will live on campus, off campus, or at home with parents or relatives.

Section 3 — Leave of Absence Request

9. Enter the school you attend or have attended most recently and the date and term you last attended (e.g. 12/06, Winter 2007). Also enter the terms for which you are requesting a leave of absence (e.g. Fall semester), and the exact date for which you are requesting a leave of absence (e.g. 9/15/06 to 12/15/06).
10. Print or type the reason(s) for your leave of absence request.

Section 4 — Program Change

11. Program changes, such as requesting a change from Cal Grant B to Cal Grant A, may only be requested by new Cal Grant recipients before any payments have been made. The student's California Aid Report (CAR) will show Auto-Accept for one program and "Qualified" for another. Transferring between these programs is possible only if no Cal Grant payments have yet been made. A program change will not be processed without the signature of a school financial aid officer. Students who have a Cal Grant C and wish to decline that Cal Grant to be considered for another Cal Grant program must check the box in Section 5.

Section 5 — Please Withdraw my Cal Grant

12. Check this box only if you wish your current Cal Grant offer to be withdrawn. If you request this, your Cal Grant award offer will be withdrawn and reinstatement will not be possible. Please give the reason you are requesting withdrawal from the Cal Grant program.

Section 6 — Student Signature (To avoid delays, sign, date, and mail or fax this form as soon as possible.)

13. Your signature certifies to the best of your knowledge that this information is true and correct.
Providing false information may result in the withdrawal of your award.

If you have any questions concerning this form, you may contact the Commission's Student Support Services Branch by calling (888) 224-7268 or, via e-mail at studentsupport@csac.ca.gov. Our office hours are 8:00 a.m. to 4:55 p.m., Monday through Friday, except Thursday. Office hours on Thursdays are 9:00 a.m. to 4:55 p.m.

Mail this form to the address below.

**California Student Aid Commission
Cal Grant Operations Branch
P. O. Box 419028
Rancho Cordova, CA 95741-9028**

