

## 2009/2010 REEVALUATION REQUEST FORM

**STUDENT INFORMATION:**

Please print clearly – Illegible documents cannot be processed.

Name \_\_\_\_\_

UMBC ID \_\_\_\_\_

UMBC Email \_\_\_\_\_

Phone number \_\_\_\_\_

Please indicate your request by checking the appropriate box(es) below:

My living arrangements will be: (report only if different than indicated on award notification)

With parent

Off-campus

On-campus

My enrollment status will be less than full time for the:

Fall 2009 semester \_\_\_\_\_ Number of credits for Fall

Spring 2010 semester \_\_\_\_\_ Number of credits for Spring

I will not be returning to UMBC for the:

Fall 2009 semester

Spring 2010 semester

I will be receiving additional aid not showing on my financial aid award notification (private scholarships, tuition waiver, RA benefits etc):

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_ per Semester  Fall  Spring

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_ per Semester  Fall  Spring

Award \_\_\_\_\_ Amount \$ \_\_\_\_\_ per Semester  Fall  Spring

Student Signature \_\_\_\_\_

Date \_\_\_\_\_