## **Xavier University of Louisiana**

Office of Student Financial Aid

1 Drexel Dr. Box 40 New Orleans, LA 70125 Tel: (504) 520-7835 Fax: (504) 520-7906

Email: finaid@xula.edu

## ADJUST MY FINANCIAL AID OFFER

This form should be used to adjust the financial aid that is a part of your financial aid offer for the academic year (Fall/Spring semesters).

Note: This form should not be used to request additional aid that has not been offered. To request additional aid that is not on your account, please complete the Request for Additional Financial Aid form. There is a separate form that must be completed for summer aid. Also, pharmacy students should complete the Pharmacy Request for Additional Aid form.

M.I.:

## PRINT LEGIBLY AND CLEARLY IN INK

First Name:

Last Name:

School ID#:	Telephone #:	
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