## 2024-2025 GRADUATE REPLY FORM

The Financial Aid Office will assume that all awards are *ACCEPTED* by the student, as listed on the financial aid offer letter.

Students *MUST* complete this form **ONLY** if they are:

**Student Information** 

- DECLINING OR REDUCING Federal Direct loans;
- **RECEIVING** other types of aid that are not reflected on their award letter.

IF YOU NEED TO MAKE A CHANGE TO YOUR AWARDS, please return this form before the start of the semester to ensure your request is processed in a timely manner. You may submit this form anytime during the semester if changes are needed.

Last Name:	_First Name:		ID or SS#:	
Home Phone:	Cell Phone	e:		
Federal Direct Loans				
Federal Direct Unsubsidized Loan	[] I decline	[] Reduce to	_\$	for year.
Federal Direct Grad PLUS Loan	[ ] I decline	[] Reduce to	\$	for year.
		[] Reduce to	cover balance only.	
Other Aid  Report any other financial aid that of to private scholarships, OVR, NEEL	• •	your financial ai	d offer, including but	t not limited
Type:		Amount:	\$	
Type:				
Type:		Amount:	\$	
I certify that all information provided is accurate and complete. I will notify the Financial Aid Office of any changes in my enrollment status and any other aid I receive. I understand that any other aid that I receive that was not previously reported <u>may</u> affect my financial aid package.				
Student Signature:			Date:	

Return to: La Roche University | Financial Aid Office | 9000 Babcock Boulevard | Pittsburgh PA 15237 Phone: 412-536-1125 | Fax: 412-536-1072