



Financial Aid Office  
2715 Dickinson St  
Miles City, MT 59301  
Phone: (406) 874-6208  
Fax: (406) 874-6283

## Student Revision Form

Print Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Check the change you are requesting below for the 2025-2026 academic year.**

Note: Changes mean an adjustment to your funding and may cause a delay in the date of disbursement. This is especially true for student loan borrowers who request a change to a previously certified and awarded loan. Due to this, it is important to submit enrollment changes as soon as possible *before* the beginning of the term to allow processing of changes.

**I request the change I have indicated below.**

**ENROLLMENT CHANGE:**

<b>Mark all terms</b>	<b>Fall 2025</b>	<b>Spring 2026</b>	<b>Summer 2026</b>
FULL TIME (12 or more credits)			
THREE-QUARTER TIME (9-11 credits)			
HALF-TIME (6-8 credits)			
LESS THAN HALF-TIME (1-5 credits)			
<b>CHECK ANY TERM YOU WILL NOT ATTEND</b>			

**I DECLINE THE OFFER OF FEDERAL STUDENT LOANS FOR THE ACADEMIC YEAR.**

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_