



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 2026-2027 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:

Mark all terms	Fall 2026	Spring 2027	Summer 2027
FULL TIME (12 or more credits)			
THREE-QUARTER TIME (9-11 credits)			
HALF-TIME (6-8 credits)			
LESS THAN HALF-TIME (1-5 credits)			
CHECK ANY TERM YOU WILL NOT ATTEND			

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

[] OTHER: _____

STUDENT SIGNATURE _____

Date ____/____/____