

2024-25 Financial Aid
Re-Eval/Enrollment Request Form



Office of Financial Aid
Louisiana State University Eunice
P. O. Box 1129, Eunice, LA 70535
Phone: (337) 550-1282 • Fax: (337) 550-1266 • Email: finaid@lsue.edu

Student's Name: _____ ID No.: _____
Last First Middle

I. ENROLLMENT ADJUSTMENT REQUEST

I will not enroll in the University. Please close my financial aid file and cancel all my awarded aid for the following semester(s):

Fall 2024 Spring 2025 Summer 2025

I will enroll in the University. Please award me financial aid for the following semester(s):

Fall 2024 Spring 2025 Summer 2025

II. RE-EVALUATION REQUEST

Fall 2024 Spring 2025 Summer 2025

I have registered and paid for the semester indicated above. Please re-evaluate my financial aid eligibility for next semester.

I have advanced to Grade Level 2 (Sophomore) by earning 30 or more hours. Please increase my Direct Subsidized/Unsubsidized Loan for the semester indicated above.

III. OTHER

Fall 2024 Spring 2025 Summer 2025

Please close my financial aid file. I am not interested in being considered for financial aid.

Please re-open my financial aid file. I am interested in being considered for financial aid.

Please print, sign and return form to the Financial Aid Office.

I certify that all information I have given is accurate and complete to the best of my knowledge as of this date.

Student's Signature

Date