The University of New Mexico

# Scholarship Office

# Departmental Award Change Request Form

Date: _____

To: Unrestricted Accounting - Main MSC01 1260
After approval, the core accounting office will forward the form to the Financial Aid Office for awarding.

From: _____ _____
Name/Title Department

_____ _____
Address Telephone #

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Revision to Original
(please list information as it was listed on the original award form that was submitted by your office):
Account Name: _____ Dated: _____

Banner Index #: _____ Academic Year: _____

Apply revision to: ☐ All Students on Form ☐ Individual Student (Provide information below)
Banner ID: _____
Name: _____
Foreign Student? ☐ Yes ☐ No If yes, please route to Banking, Tax and Investments

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☐ Change Banner Index #

Original Banner Index #: _____ New Banner Index #: _____
Apply change to: ☐ Fall ☐ Spring ☐ Summer (Check all that apply)

☐ Increase Award Amount

Original Dollar Award Amt: _____ New Dollar Award Amt: _____
Apply change to: ☐ Fall ☐ Spring ☐ Summer (Check all that apply)

☐ Decrease Award Amount

Original Dollar Award Amt: _____ New Dollar Award Amt: _____
Apply change to: ☐ Fall ☐ Spring ☐ Summer (Check all that apply)

☐ Cancel Award

Apply change to: ☐ Fall ☐ Spring ☐ Summer (Check all that apply)

☐ Change Enrollment Criteria

Originally: ☐ Zero (0) Hours ☐ Less than ½ time ☐ ½ time ☐ ¾ time ☐ Full-time
Correct to: ☐ Zero (0) Hours ☐ Less than ½ time ☐ ½ time ☐ ¾ time ☐ Full-time

☐ Correct Banner ID

Student's Name: _____
Original/Incorrect Banner ID: _____ Correct Banner ID: _____

☐ Other, please specify clearly:

_____

_____

**Important**: If anything remains incomplete or ambiguous, this award form will be returned to the department.

| I have certified the awards and students listed above meet or exceed the restrictions imposed by the donor(s) of these scholarship funds at the time of the award and that none of the above named are foreign nationals. I also certify that the above awards do not constitute payment for work performed or other payroll related payments. | |
|---|---|
| | |
| Signature , Preparer | Date |
| Signature, Department Chair | Date |

| If applicable, I have certified taxation issues related to foreign student awards have been reviewed and appropriate action has been taken. | |
|---|---|
| | |
| Signature, Unrestricted Accounting-Main (Taxation) | Date |

_____
Signature, Core Accounting Approval Date