

# 2025-2026



Financial Aid Office

## Revision Request Form

Covers Fall 2025, Spring 2026, Summer 2026

Student's Name (PRINT): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

HCC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Campus: \_\_\_\_\_  
(9-digit number required) (Primary location of attendance)

This form can be used to request changes to the 2025-2026 financial aid award package, such as cancellation, reinstatement, and loan changes.

### Aid Type

### Semester

☐ **Reinstatement of Financial Aid**  
(Reinstatement of aid is based on available funding and all aid may not be reinstated).

☐ All Aid  
☐ Grants  
☐ Work-study  
☐ Loans  
☐ Other \_\_\_\_\_

☐ Fall 2025  
☐ Spring 2026  
☐ Summer 2026

☐ **Request Loan Amount Changes**

☐ Loan Amount Increase \$ \_\_\_\_\_  
☐ Loan Amount Decrease \$ \_\_\_\_\_

☐ **Request Work - Study**

### Aid Type

### Semester

☐ **Cancellation of Accepted Aid**  
(If any financial aid has already disbursed, you may have to repay funds)

☐ All Aid  
☐ Subsidized Loan  
☐ Unsubsidized Loan  
☐ Grants  
☐ Work-study

☐ Fall 2025  
☐ Spring 2026  
☐ Summer 2026

### Certification

By signing below, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentences, or both.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490