



EAST GEORGIA COLLEGE
OFFICE OF FINANCIAL AID

131 College Circle Swainsboro, GA 30401

Phone (478) 289-2009

Fax (478) 289-2140

finaid@ega.edu

FINANCIAL AID REVISION REQUEST

NAME: _____

Local Address or P.O. Box: _____

Student ID: _____

Local or Cell Phone Number: _____

Semester: _____ Fall _____ Spring _____ Summer Year: _____

*Please state **clearly and in detail** the change you would like to make in your financial aid:

To check the status of this Revision Request, please check your Banner Web account.

*Please note that your request may take up to 30 business days to process. Submission of this form **does not** guarantee eligibility for additional requested funds. Please check for active messages on your Banner Web account. If you are not eligible, a message explaining your eligibility will be available.*

Student's Signature: _____ Date: _____

.....

OFFICE USE ONLY

Action taken: _____

Initial: _____ Date: _____