Return to: finaid@dhe.state.co.us

**REQUEST FOR ADJUSTMENT**

**Allocation of State-supported Student Assistance**

**For the Period July 1, 2023 to June 30, 2024**

Request Date: November 15\_\_\_\_\_ December 15\_\_\_\_\_ February 15\_\_\_\_\_ April 15\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM** | **Current****Allocation** | **Requested****Increase** | **Decrease** |
| Colorado Student Grant |  |  |  |
| Colorado Graduate Grant |  |  |  |
| Colorado Merit |  |  |  |
| Colorado Work-Study |  |  |  |
| Colorado CTE Grant |  |  |  |
| TOTAL AWARD |  |  |  |
| CCHE USE ONLY |  |  |  |

Allocations to institutions which revert funding in any program after May 1 will be reduced

**NOTE: Two signatures are required.**

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Institution Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Fiscal Officer Date

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Financial Aid Director Date

**Directions:**

1. Please email request to finaid@dhe.state.co.us
2. Include the institution name in the email subject line
3. Save PDF file using naming conventions:
	1. IHE Name + Subject + Date (Optional)
	2. Ex. CDHE Adjustment Req\_MMDDYY