



2019



FSAAPL

CALIFORNIA STATE UNIVERSITY LONG BEACH

18-19 FSAAPL

Student Name _____

Campus ID Number _____ Daytime Phone _____

2018–2019 AWARD REEVALUATION REQUEST

CSULB uses the Expected Family Contribution (EFC) from the financial aid application (FAFSA or DREAM) to determine student award eligibility for Federal and State sources of funding. In addition to the EFC, certain types of aid programs have limited funding, therefore the timeliness of submission of the application, as well as any additional documents requested by our office, has an impact on the types of aid a student may have been offered. Using these factors and the nationally standardized EFC formula allows CSULB to award financial aid in a consistent and equitable manner.

If you were not awarded one of the award types listed on this form, and would like your award eligibility to be reevaluated, complete this form and attach a typed explanation as to why you feel you are or should be eligible for the financial aid program indicated. Submit the completed form and statement to CSULB’s Office of Financial Aid. Reevaluation of your financial aid eligibility is subject to federal and state regulations, as well as institutional policies, and is based on:

- The availability of funds
- The timeliness of your original application for financial aid
- The timeliness of your submission of the Request for Reevaluation

Please Note: This request form should only be submitted if you are requesting a reevaluation of your award eligibility for one of the types of financial aid listed below. If you (or your parents) have experienced a change in income and/or circumstances and would like these circumstances to be taken into account in the evaluation of your EFC, you must submit the Request for Income Review – not the Reevaluation Request.

Reevaluation Request

I would like my eligibility to be reevaluated for the following types of financial aid. I have attached a typed explanation as to why I feel I am eligible for the aid programs indicated:

Federal Work Study

EOP Grant

State University Grant

Federal Pell Grant (ONLY for Post-Census Adjustment OR if disbursement at another institution has been reversed)

Student Certification and Signature

I certify that I am the student listed on this request form and that all information provided on this form and in any of my financial aid application documents is complete and accurate.

By signing this form, I authorize the Office of Financial Aid at CSU Long Beach to verify any of the information submitted as part of my financial aid application.

I understand that submission of this Request for Reevaluation does not guarantee that I will be awarded any funds from the above programs. Awarding of funds will depend upon the availability of funds as well as whether or not I meet the eligibility requirements.

Student Signature _____ Date _____

By Mail:

CSULB Financial Aid Office
1250 Bellflower Blvd.
Long Beach, CA 90840-0106

Return this form to our office

In Person:

Visit our website to “Join the Queue”
Beach Central – Intake Windows
Brotman Hall; 1st Floor Courtyard

By FAX:

(562) 985-1509

Attention: Financial Aid