



Financial Aid Office
 5150 N. Maple Avenue, M/S JA 64
 Fresno, CA 93740-8026
 Phone: (559) 278-2182 Fax: (559) 278-4833

Filing Deadline 4/1/10
Attendance/Resource Update

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)

Please report additional "resources" NOT included on your Award Notification. Resources may include, but are not limited to: **Fee Waivers, ROTC allowances, Scholarships, Veteran's Benefits, Stipends and Cal Grants.**

I am receiving the following: **\$ Amount**

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All financial aid recipients have the right to selectively accept or reject any offer of aid without penalty. **If you wish to reject any part of our offer, please complete the following.**

I reject: Work-Study Perkins Loan Nursing Loan

I will NOT attend California State University, Fresno in **2009-2010** for:

Entire Academic Year Fall 2009 Spring 2010

I will ATTEND

FALL

SPRING

¾ time (9-11 units)

¾ time (9-11 units)

Half time (6-8 units)

Half time (6-8 units)

Student Signature _____ Date _____