PELL ADJUSTMENT REQUEST
Information and Instructions

The purpose of this form is to request an adjustment to the Pell Grant for the current term if an institutional error on the part of Lane Community College prevented a student from being enrolled in the correct number of credits at the time the student’s Pell Grant award was calculated for the term. In accordance with federal regulations, Pell Grant adjustments cannot be made at Lane Community College for any reason other than institutional error. Adjustments will be considered for the current term only. Requests received after the end of the term will not be processed.

Instructions for students:
Complete the Student Section of the form, and then give the form to your instructor to complete the Instructor Section.

Instructions for instructors:
Once the student has completed the Student Section, complete the Instructor Section. You may then return the form to the student to submit to Financial Aid, or you may submit it to Financial Aid on the student’s behalf.

What to expect:
The student can view the results of the request in myLane. Allow 2-4 weeks for processing.

- Login to myLane
- Click the myFinances tab
- In the Financial Aid Requirements box, click Student Requirements
  - If the request status is “Approved”, you can expect to receive the additional Pell Grant disbursement within 7-14 days from the date of approval.
  - If the request status is “Not Eligible – See comment”, you may view the comment in “Active Messages and Overall Financial Aid Status” in the Financial Aid Requirements box.
# PELL ADJUSTMENT REQUEST

## STUDENT SECTION:

**NAME:**  ____________________________________________    **L#:** ________________________

Last                                                          First                                       MI

**COURSE NUMBER:**  _________________  **COURSE TITLE:**  _____________________ **TERM**________________________

**STUDENT COMMENTS** (optional):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**STUDENT SIGNATURE:**  ______________________________________ _________  **DATE:**  _________________________

## INSTRUCTOR SECTION:

**INSTRUCTOR’S NAME:**  ____________________________  **INSTRUCTOR’S EMAIL:** ______________________________

**INSTRUCTOR’S DAYTIME PHONE NUMBER(S):**  ___________________________________________________________

Check the box that best describes the student’s situation:

- ☐ The student was administratively withdrawn from the class.
  -- Did the student attend all classes in the first week of the term?  ☐ YES  ☐ NO
  -- If not, do you drop students who miss classes during the first week?  ☐ YES  ☐ NO
  -- Was the student appropriately dropped based on your attendance/drop policy?  ☐ YES  ☐ NO  ☐ N/A

- ☐ The student could not register for the class prior to 5:00 p.m. on MONDAY of week two.
  -- Did the student need to complete testing or other pre-registration requirements?  ☐ YES  ☐ NO
  -- Could the student have met these requirements prior to 5:00 p.m. on Monday of week two?
    ☐ YES  ☐ NO  ☐ N/A
  --Was the student unable to register on time because the class was full?  ☐ YES  ☐ NO
  --Did the student attend classes prior to 5:00 p.m. on Monday of week two?  ☐ YES  ☐ NO

- ☐ The student was not registered for the class prior to 5:00 p.m. on Monday of week two because of an error made by the College not listed above.  Please describe the situation in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**Additional Instructor comments** (optional):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

**INSTRUCTOR SIGNATURE:**  __________________________________  **DATE:**  __________________

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20PAR   04/19  RETURN TO FINANCIAL AID BY MAIL, FAX, DROP BOX LOCATED IN BLDG. 1 LOBBY, OR EMAIL