

TO: Colorado Department of Higher Education
 1560 Broadway, Suite 1600
 Denver, Colorado 80202-
 (303) 866-2723 fax: 303-866-4266

REQUEST FOR ADJUSTMENT

**Allocation of State-supported Student Assistance
 For the Period July 1, 20__ to June 30, 20__**

Request Date: November 15__ December 15__ February 15__ April 15__

PROGRAM	Current Allocation	Requested Increase	Decrease
Colorado's College Responsibility Grant			
Colorado Graduate Grant			
Governor's Opportunity Scholarship			
Colorado Work-Study			
Colorado Leveraging Educational Assistance Partnership (CLEAP)			
Supplemental Colorado Leveraging Educational Assistance Partnership (SLEAP)			
Loan Match			
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.

 Institution Name

 Chief Fiscal Officer Date

 Financial Aid Director Date