



Tennessee Student Assistance Corporation Change of Institution Request

Name: _____ SSN: X X X - X X -
(Please print first and last name clearly) (Enter last four digits only)

Please transfer my award to: _____
(Name of College or University)

NOTE: The use of this form does not change the institution order found on your Free Application for Federal Student Aid (FAFSA). If you make a change to your FAFSA, please ensure your school choice is listed first.

School Code: _____ Academic Year: _____
(i.e. 2012-2013)

Semester(s) Affected: Summer Fall Winter Spring
(Circle all that apply)

Programs: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> D Tennessee Student Assistance Award | <input type="checkbox"/> D Tennessee Teaching Scholars Loan Forgiveness Program |
| <input type="checkbox"/> D Christa McAuliffe Scholarship | <input type="checkbox"/> D Tennessee HOPE Access Grant |
| <input type="checkbox"/> D Dependent Children Scholarship | <input type="checkbox"/> D Tennessee HOPE Foster Care Grant |
| <input type="checkbox"/> D Graduate Nursing Loan Forgiveness Program | <input type="checkbox"/> D Tennessee HOPE Scholarship |
| <input type="checkbox"/> D Minority Teaching Fellows Loan Forgiveness Program | <input type="checkbox"/> D Tennessee Math & Science Teachers Loan Forgiveness Program |
| <input type="checkbox"/> D Ned McWherter Scholars Program | <input type="checkbox"/> D Wilder-Naifeh Technical Skills Grant |
| <input type="checkbox"/> D Robert C. Byrd Honors Scholarship Program | <input type="checkbox"/> D Dual Enrollment Grant |

Signature of Student: _____ Date: _____

Mail this form to the address below or fax to the Tennessee Student Assistance Corporation at (615) 741-6101.

Tennessee Student Assistance Corporation
404 James Robertson Parkway, Suite 1510, Parkway Towers
Nashville, Tennessee 37243-0820
(800) 342-1663 or (615) 741-1346
[www. TN.gov/collegepays](http://www.TN.gov/collegepays)