Tennessee Student Assistance Corporation
Change of Institution Request

Name: ___________________________________________  SSN: ____________-XX-__________
(Please print first and last name clearly)  (Enter last four digits only)

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

School Code: ___________________________  Academic Year: ____________
(i.e. 2006-2007)

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

Programs: (Check all that apply)

☐ Tennessee Student Assistance Award
☐ Christa McAuliffe Scholarship
☐ Dependant Children Scholarship
☐ Graduate Nursing Loan Forgiveness Program
☐ Minority Teaching Fellows Loan Forgiveness Program
☐ Ned McWherter Scholars Program
☐ Robert C. Byrd Honors Scholarship Program
☐ Tennessee Teaching Scholars Loan Forgiveness Program
☐ Tennessee HOPE Access Grant
☐ Tennessee HOPE Foster Care Grant
☐ Tennessee HOPE Scholarship
☐ Tennessee Math & Science Teachers Loan Forgiveness Program
☐ Wilder-Naifeh Technical Skills 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) 342-1683 or (615) 741-1346
www.CollegePaysTN.com

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