



Tennessee Student Assistance Corporation

Change of Institution Request

Name: _____ (Please print first and last name clearly) SSN: XXX - XX -
(Enter last four digits ONLY)
Email: _____ Phone #: _____
(999) 999-9999
Transfer my award to: _____ Academic Year: _____
(Name of College or University) (2012 - 2013)

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.

Semester(s) affected: **Summer** **Fall** **Winter** **Spring**
← _____ (Circle all that apply) _____ →

Programs: (Check all that apply)

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

Signature of Student: _____ Date: _____

Mail this form to the address below or fax to (615) 741-6101.

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