HOUSING _____

2026-2027 HOUSING PLAN CHANGE FORM

COMPLETING AND SUBMITTING THIS FORM

Documents **MAY ONLY** be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload" icon. **EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.**

FSU Office of Scholarships & Financial Aid	**Kendall College of Art & Design**
1201 S. State Street, CSS 101, Big Rapids, MI 49307	17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 231.591.2110; FAX: 231.591.2950	Phone: 616.451.2787; FAX: 616.831.9689;
finaid@ferris.edu	kcadfinaid@ferris.edu

_____
Student Last Name

_____
First Name

_____
M.I.

_____
Student ID #

_____
Permanent Address (include apt. number)

_____
Date of Birth

_____
City   State   Zip Code

_____
Phone Number (include area code)

SECTION 1: HOUSING PLAN

The FAFSA no longer asks students what their housing plans are while in school. The Financial Aid office made housing assumptions for awarding purposes. This form will be used to correct the housing status for students that were assigned an inaccurate estimated Cost of Attendance. If your assigned housing plans are incorrect on your financial aid award offer, please **include a copy of your lease agreement** (if applicable) and use this form to indicate your actual housing plans for 2026-27, from the following options:

____ I PLAN TO LIVE ON CAMPUS (In a residence hall or on-campus apartment)

____ I PLAN TO LIVE OFF CAMPUS (in your own apartment or other housing arrangement)

____ I PLAN TO LIVE IN MY PARENT'S HOME WHILE IN SCHOOL (within 50 miles of campus)

SECTION 2: CERTIFICATION

ALL DECISIONS BASED ON THIS REQUEST ARE FINAL AND MAY NOT BE APPEALED.

*The information submitted on this application and all supporting documents are true and correct to the best of my knowledge. Students must sign this form in **ink or electronic stylus**.* **Software generated or typed signatures are NOT acceptable.**

_____
Student Signature   Date

SECTION 3: FOR OFFICE USE ONLY

RBAABUD_____ RPAAWRD _____ ROAMESG _____ DATE: _____ INITIAL: _____