



**Financial Aid Office**  
 5150 N. Maple Avenue, M/S JA 64  
 Fresno, CA 93740-8026  
 Phone: (559) 278-2182 Fax: (559) 278-4833

**Filing Deadline 4/1/10**  
**Attendance/Resource Update**

| STUDENT ID | LAST NAME | FIRST NAME | PHONE NUMBER (with area code) |
|------------|-----------|------------|-------------------------------|
|            |           |            |                               |

Please report additional "resources" NOT included on your Award Notification. Resources may include, but are not limited to: **Fee Waivers, ROTC allowances, Scholarships, Veteran's Benefits, Stipends and Cal Grants.**

**I am receiving the following:** **\$ Amount**

All financial aid recipients have the right to selectively accept or reject any offer of aid without penalty. **If you wish to reject any part of our offer, please complete the following.**

**I reject:**                      Work-Study                      Perkins Loan                      Nursing Loan

**I will NOT attend** California State University, Fresno in **2009-2010** for:

Entire Academic Year                      Fall 2009                      Spring 2010

**I will ATTEND**

**FALL**

**SPRING**

¾ time (9-11 units)

¾ time (9-11 units)

Half time (6-8 units)

Half time (6-8 units)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_