Tennessee Student Assistance Corporation
Change of Institution Request

Name: ________________________________  SSN: ________________________
(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  ☐ Tennessee Teaching Scholars Loan Forgiveness Program
☐ Christa McAuliffe Scholarship  ☐ Tennessee HOPE Access Grant
☐ Dependant Children Scholarship  ☐ Tennessee HOPE Foster Care Grant
☐ Graduate Nursing Loan Forgiveness Program  ☐ Tennessee HOPE Scholarship
☐ Minority Teaching Fellows Loan Forgiveness Program  ☐ Tennessee Math & Science Teachers Loan Forgiveness Program
☐ Ned McWherter Scholars Program  ☐ Wilder-Naifeh Technical Skills Grant
☐ Robert C. Byrd Honors Scholarship Program

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.CollegePaysTN.com

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