**TEMPLATE FOR SUBMITTING ADJUSTMENT REQUESTS TO ISAC   
FOR STUDENTS IMPACTED BY COVID-19 IN SPRING 2020 TERM**

Please provide the information listed in the table below for each student for whom an adjustment is being requested due to a COVID-19 withdrawal in the Spring 2020 term (second semester/second or third quarter). Schools may submit one list for all programs (in which case, be sure to include the ISAC program for each student) or a separate student list for each ISAC program. Do not include any other documentation you may have collected to make your determination; those records should be retained in the students’ files.

Adjustment requests must be submitted by the Financial Aid Director via e-mail to ISAC’s School Services Department at: **[isac.schoolservices@illinois.gov](mailto:isac.schoolservices@illinois.gov" \t "_blank" \o "isac.schoolservices@illinois.gov)**. Please include “COVID-19 Adjustment Request” in the subject line.

**To:** ISAC School Services Department

**From:** (Name and Title)

**School Name:**

**Federal School Code:**

This is to request that ISAC adjust records for the following students who withdrew from the Spring 2020 term due to the COVID-19 national emergency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Award Recipient’s Name**  *(Include last four digits of SSN* ***only if*** *multiple students with same last name)* | **ISAC Program**  *(MTI, GA, SETTW, PFC, IVG, ING)* | **Enrollment Status**  *Full-Time or  Half-Time* | **Original Number of Enrollment Hours** | **Complete Withdrawal due to COVID-19?** |
| *Student One* | *MTI* | *FT* | *12* | *Yes* |
| *Student Two* | *IVG* | *FT* | *12* | *Yes* |

For each of the students listed above, I am requesting an adjustment to the student’s benefit usage for the ISAC program indicated so these students are not charged with receiving program benefits for the Spring 2020 term (second semester/second and third quarters).

The submission of this e-mail to ISAC's School Services Department serves as certification that the students listed above withdrew from the institution and were unable to complete the term due to the COVID-19 national emergency and that supporting documentation is being retained in the student's file.

Sincerely,

Please provide:

* **Financial Aid Director Name**
* **Financial Aid Director Contact Information**