



# Tennessee Student Assistance Corporation Change of Institution Request

Name: \_\_\_\_\_ SSN: XXX - XX -  
(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)

- |   |   |
|---|---|
| <input type="checkbox"/> Tennessee Student Assistance Award                 | <input type="checkbox"/> Tennessee Teaching Scholars Loan Forgiveness Program       |
| <input type="checkbox"/> Christa McAuliffe Scholarship                      | <input type="checkbox"/> Tennessee HOPE Access Grant                                |
| <input type="checkbox"/> Dependant Children Scholarship                     | <input type="checkbox"/> Tennessee HOPE Foster Care Grant                           |
| <input type="checkbox"/> Graduate Nursing Loan Forgiveness Program          | <input type="checkbox"/> Tennessee HOPE Scholarship                                 |
| <input type="checkbox"/> Minority Teaching Fellows Loan Forgiveness Program | <input type="checkbox"/> Tennessee Math & Science Teachers Loan Forgiveness Program |
| <input type="checkbox"/> Ned McWherter Scholars Program                     | <input type="checkbox"/> Wilder-Naifeh Technical Skills Grant                       |
| <input type="checkbox"/> 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](http://www.CollegePaysTN.com)