



CHANGE OF INSTITUTION REQUEST

Name: _____ SSN4: _____

Email: _____ Phone: _____

Change of Institution: _____ Academic Year: _____
(EX: 2025-26)

NOTE: The use of this form does not change the institution on your Free Application for Federal Student Aid (FAFSA). If you make a change to your FAFSA, please ensure your institution choice is listed.

Semester(s) Affected: Summer Fall Winter Spring
(Please check all that apply)

Programs (Please check all that apply):

Dependent Children Scholarship

Tennessee HOPE Scholarship

Dual Enrollment Grant

Tennessee HOPE Foster Care Grant

Graduate Nursing Loan Forgiveness

Tennessee Promise Scholarship

Helping Heroes Grant

Tennessee Reconnect Grant

Middle College Scholarship

Tennessee Student Assistance Award

Ned McWherter Scholars Program

Wilder-Naifeh Technical Skills Grant

TCAT Reconnect Grant

SIGNATURE OF STUDENT: _____ DATE: _____

Send completed form via:

EMAIL: TSAC.AidInfo@tn.gov

or

USPS: Tennessee Higher Education Commission
312 Rosa L. Parks Ave., 9th Floor ~ Nashville, TN 37243

Please note that students may make the institution change in the TSAC Student Portal at:

<https://cliplink.tsac.tn.gov/studentsignon/>