

Student Loan Adjustment Request Form

Please consider your borrowing needs carefully before requesting an adjustment.

Contact your campus financial aid team if you have questions.

Student Information			
Student Name:		Date of Birth:	
Student Email:		Last 4 SSN:	
Student ID:	Campus:		Program:
Academic Level (select one): FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/>			

Federal Direct Loan Annual Borrowing Limits		
Academic Level (Completed Credit Hours)	Maximum Direct Loan Amount (subsidized and unsubsidized combined)	Maximum Subsidized Loan Amount
Freshman (0-35)	\$5,500 Dependent \$9,500 Independent/Dependent w/Parent PLUS Denials	\$3,500
Sophomore (36-71)	\$6,500 Dependent \$10,500 Independent/ Dependent w/Parent PLUS Denials	\$4,500
Junior/Senior (72+)	\$7,500 Dependent \$12,500 Independent/ Dependent w/Parent PLUS Denials	\$5,500

Increase Loan (select all that apply)				
<input type="checkbox"/> Previously Rejected (loan was previously canceled or declined) <input type="checkbox"/> Parent PLUS Denial: Request for additional Unsubsidized Loan based on the denial of a PLUS Loan for this academic year; copy of the credit decision must accompany the request. <input type="checkbox"/> Change in Grade Level (Mid-Year Grade Level Progression): Earned/Completed Credit Hours <input type="checkbox"/> Other: _____ (For PLUS, a copy of the credit decision must accompany the request.				
Note: Indicate the amount of each type of loan being requested under specific term being requested (write in the year). If you are unsure of the amount or type of loan you are requesting, please contact your campus financial aid team.				
Loan Type	Winter _____	Spring _____	Summer _____	Fall _____
Subsidized	\$ _____	\$ _____	\$ _____	\$ _____
Unsubsidized	\$ _____	\$ _____	\$ _____	\$ _____
Parent Plus	\$ _____	\$ _____	\$ _____	\$ _____

Decrease/Cancel Loan				
Note: Please indicate the reduction amount for each loan being decreased; be sure to indicate the year next to the term of the request. If you have questions please contact your campus financial aid team.				
Loan Type	Winter _____	Spring _____	Summer _____	Fall _____
Subsidized	\$ _____	\$ _____	\$ _____	\$ _____
Unsubsidized	\$ _____	\$ _____	\$ _____	\$ _____
Parent Plus	\$ _____	\$ _____	\$ _____	\$ _____

Signature	
I authorize Student Financial Services to make changes to my loan(s) as indicated above.	
_____ Student Signature	_____ Date
_____ Parent Signature (if changing Parent PLUS Loan)	_____ Date

RECEIVED BY:	DATE:	REVIEWED BY CSFA:	DATE:
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