



Banner ID: _____ **Student Name:** _____

Academic Year: 20 - 20

LOAN INCREASE REQUEST

Loan increase requests are processed based on maximum eligibility per semester.

Enter the amount you by which want your loan(s) increased:

| | | | |
|---------------------------------|-----------------|---------------|-----------------|
| Federal Perkins Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Direct Subsidized Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Direct Unsubsidized Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |

If not eligible for the full subsidized loan amount requested, I authorize an unsubsidized loan be processed in its place

LOAN REDUCTIONS REQUEST

Reduction will only be applied to undisbursed amounts or amounts disbursed within the last 30 days.

Enter the amount you want your loan(s) reduced:

| | | | |
|---------------------------------|-----------------|---------------|-----------------|
| Federal Perkins Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Direct Subsidized Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Direct Unsubsidized Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Parent*/Grad PLUS Loan | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |
| Other: _____ | Summer \$ _____ | Fall \$ _____ | Spring \$ _____ |

LOAN CANCELTION REQUEST

Cancellation will only be applied to undisbursed amounts or amounts disbursed within the last 30 days.

| | | | |
|--|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Federal Perkins Loan | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Direct Subsidized Loan | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Direct Unsubsidized Loan | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Parent*/Grad PLUS Loan | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |

AFFIRMATION

By signing this form, I certify that I have read and agree to the terms of the Loan Revision Request Form.

Student Signature: _____ Date: _____

Parent Signature*: _____ Date: _____

* Parent signature required for Federal Parent PLUS Loan Revisions; the parent that borrowed the loan must sign.

Financial Aid Office Use Only

Approval Signature: _____ Date: _____ Rev: 11/2015 CA