# 2015-2016 Financial Aid Change Form

## DECREASE Loans or Work Study

### Student’s Full Name:

(LEGAL NAME - PRINT) ______________________

*first* ________________ *middle* ________________ *last* ________________

Undergraduate Student: ________________
Graduate/Professional Student: ________________

University ID: □□□□□ □□□□□ or SIS ID: □□□□□□□

## FEDERAL LOAN DECREASE REQUEST

Please indicate your desired decreased loan amount by the type of loan below. Any changes to the loan must be executed by the University’s Financial Aid Office within 120 days of disbursement of the loan. After 120 days, we are unable to make changes to the amount of the loan.

### Federal Unsubsidized Loan

**Undergraduate and/or Graduate Students**

For which semester/s would you like to change your loan amount?  
- □ Fall
- □ Spring
- □ Summer
- □ J-Term

Determine the **TOTAL LOAN AMOUNT** you would like to request, by term, and indicate the TOTALS below. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no reduction is requested. **Loans that disbursed more than 120 days prior to this request cannot be reduced.**

<table>
<thead>
<tr>
<th>Term</th>
<th>Total New Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>$__________</td>
</tr>
<tr>
<td>Spring</td>
<td>$__________</td>
</tr>
<tr>
<td>Summer</td>
<td>$__________</td>
</tr>
<tr>
<td>J-Term</td>
<td>$__________</td>
</tr>
</tbody>
</table>

### Federal Subsidized Loan

**Undergraduate Students Only**

For which semester/s would you like to change your loan amount?  
- □ Fall
- □ Spring
- □ Summer
- □ J-Term

Determine the **TOTAL LOAN AMOUNT** you would like to request, by term, and indicate the TOTALS below. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no reduction is requested. **Loans that disbursed more than 120 days prior to this request cannot be reduced.**

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### TEACH Grant

I wish to cancel my Teach Grant disbursement for:  
- Fall $__________  
- Spring $__________  

5/1/15
Federal Parent PLUS Loan  OR  Graduate PLUS Loan  (please circle one)

Undergraduate and/or Graduate Students

For which semester/s would you like to change your loan amount?  □ Fall  □ Spring  □ Summer  □ J-Term

Determine the TOTAL LOAN AMOUNT you would like to request by term, and indicate the TOTALS below. A Parent PLUS loan may be decreased. However, if amount is left blank, SFS will assume no reduction is requested. Loans that disbursed more than 120 days prior to this request cannot be reduced.

Total New Amount Requested for:  Fall $__________   Spring $__________   Summer $__________   J-Term $__________

Perkins Loan

Undergraduate Students Only

For which semester/s would you like to change your loan amount?  □ Fall  □ Spring

Determine the TOTAL LOAN AMOUNT you would like to request, by term, and indicate the TOTALS below. ONCE YOU HAVE REQUESTED A DECREASE TO YOUR PERKINS LOAN, YOU WILL NOT BE ALLOWED TO INCREASE IT BACK TO THE ORIGINAL AMOUNT OF THE LOAN. PLEASE BE CERTAIN THAT YOU WISH TO PERMANENTLY DECREASE YOUR PERKINS LOAN PRIOR TO SUBMITTING THIS FORM.

Total New Amount Requested for:  Fall $________________   Spring $________________

Private Loan

Undergraduate and/or Graduate Students

For which semester/s would you like to change your loan amount?  □ Fall  □ Spring  □ Summer  □ J-Term

Determine the TOTAL LOAN AMOUNT you would like to request, by term, and indicate the TOTALS below. If at a later time you determine you need to increase your loan, you must re-apply with your lender for a new loan. PLEASE BE CERTAIN THAT YOU WISH TO PERMANENTLY DECREASE YOUR PRIVATE LOAN PRIOR TO SUBMITTING THIS FORM. If amount is left blank, SFS will assume no reduction is requested. Note that even if you reduce the amount of your private loan, your lender may still charge you a loan fee based on the original amount of the loan.

Total New Amount Requested for:  Fall $__________   Spring $__________   Summer $__________   J-Term $__________

FEDERAL WORK-STUDY DECREASE REQUEST

Please indicate your desired decreased total for Work-Study below.

Federal Work Study: I am requesting a decrease to my current Federal Work Study award total.

Total New Work-Study Amount Requested for:  Fall $__________   Spring $__________

I understand that canceled work-study or loan awards will not be replaced with grant assistance. I further understand that previously reduced or canceled awards will be reinstated only if program funding allows and eligibility exists. Finally, I understand that I am responsible for all educational expenses not covered by my financial aid.

STUDENT’S SIGNATURE ___________________________ Date ___________________