

Student's University ID: - or SIS ID:

Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*

Federal Parent PLUS Loan

For which semester/s would you like to change your loan amount? Fall Spring Summer January 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 the amounts fields below are left blank, SFS will assume that no reduction at all is requested. Loans that disbursed more than 120 days prior to the date of the request cannot be reduced.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____ January Term \$ _____

Borrowing Parent's Name: _____ **Last 4 digits of Borrower's SSN:** _____

Borrowing Parent's Signature: _____ **Date:** _____

Do you want the new amount to be increased to cover the loan origination fee? Y or N

Perkins Loan

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

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 total amount for Work-Study below.

Federal Work Study: I am requesting a **decrease** to my current Federal Work Study award to the amounts listed below.

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 _____