

FACH**2024-2025 Undergraduate Financial Aid Change Form
Loans & Work Study**Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*University ID: - or SIS ID: **FEDERAL LOAN REQUEST**

For each aid type below, enter **the amount you are requesting**. Any changes to loans must be executed by our office within 120 days of the disbursement of the loan. After 120 days, we are unable to update the **amount of any loan**.

 I am requesting a change to more than one aid type. Aid Types Changing: _____**Federal Unsubsidized Loan**For which semester/s would you like to change your loan amount? Fall Spring Summer J-Term

Enter the total amount you want, by term. If you request an amount greater than your eligible amount, no change will be made. If amount is left blank, we will assume no change is requested. **Loans that disbursed more than 120 days prior to your request cannot be changed.**

Total new amount requested for : Fall \$ _____ Spring \$ _____ Summer \$ _____ J-Term \$ _____

Federal Subsidized LoanFor which semester/s would you like to change your loan amount? Fall Spring Summer J-Term

Enter the total amount you want, by term. If you request an amount greater than your eligible amount, no change will be made. If amount is left blank, we will assume no change is requested. **Loans that disbursed more than 120 days prior to your request cannot be changed.**

Total new amount requested for : Fall \$ _____ Spring \$ _____ Summer \$ _____ J-Term \$ _____

Institutional LoanFor which semester/s would you like to change your loan amount? Fall SpringHave you completed your ECSI Master Promissory Note? Yes No (If "No", complete your MPN before submission)

Below, enter the **TOTAL LOAN AMOUNT** you would like to request, by term.

NOTE: If you wish to cancel a Health Insurance Institutional Loan you have been offered, you must pay the Health Insurance charge prior to sending this form for processing. Without the charge being paid, we will not process your request.

Total new amount requested for: Fall \$ _____ Spring \$ _____



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

Enter the total amount you want, by term. If you request an amount greater than your eligible amount, no change will be made. If amount is left blank, we will assume no change is requested. **Loans that disbursed more than 120 days prior to your request cannot be changed.**

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: _____

Private Loan (DECREASE ONLY)

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

Find the TOTAL LOAN AMOUNT you would like to request on your award, by term, and show the TOTALS below. If you want to increase your private loan, do not submit this form. Instead, 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, we will assume no change is requested.

Total new amount requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____ J-Term \$ _____

FEDERAL WORK-STUDY REQUEST

Federal Work Study: **Federal Work Study may only be increased up to the amount you were offered for the academic year. If you request an amount greater than your offer, then no change will be made. Decreases may be permanent, so please make sure that you truly want the changes you request.**

Total new federal 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 _____