

FACH**2022-2023 Undergraduate Student Financial Aid Change Form
DECREASE Loans or Work Study**Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*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 LoanFor 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.**

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

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.**

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

Institutional LoanFor 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.

NOTE: If your Institutional Loan is intended to be used to pay your Health Insurance charge, you must satisfy the Health Insurance charge prior to submitting 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

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

TEACH Grant

I wish to cancel my Teach Grant disbursement 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 _____