

Request Adjustment to Federal Loan Awards

Students and parents have a right to cancel a loan issued through the Federal Direct Stafford Loan Program at any time prior to disbursement, or if the loan has been disbursed, within 14 days of disbursement. To request an adjustment to your loan this form must be filled out in its entirety. You must indicate which loan you would like to cancel, reduce, or increase, the term in which the adjustment should take place, and by the amount of the adjustment.

| Student's Name | Stu | Student ID Number | | |
|--|--|---|--|--|
| Award Year | Date of Birth | | | |
| Contact Phone | Email | | | |
| Address | City | State | Zip Code | |
| Request to Cancel | my Federal Loan(s) | | | |
| Type of Loan (| Subsidized, Unsubsidized, PLUS): | | | |
| Term Request | ed (Fall/Spring, Fall Only, Spring Only, Summer Only): | | | |
| Amount To Co | ncel: \$ | | | |
| Request to Reduce | my Federal Loan(s) | | | |
| Type of Loan (| Subsidized, Unsubsidized, PLUS): | - | | |
| Term Request | ed (Fall/Spring, Fall Only, Spring Only, Summer Only): | | | |
| Amount To Re | duce: \$ | | | |
| Request to Increas e | e my Federal Loan(s) | | | |
| Type of Loan (| Subsidized, Unsubsidized, PLUS): | | | |
| Term Request | ed (Fall/Spring, Fall Only, Spring Only, Summer Only): | | | |
| Amount To Inc | rease: \$ | | | |
| • | or a portion of the loan, any remaining balance due on y loan, is your responsibility to repay. Failure to pay any outs | | | |
| reduction of your loan will result in | a HOLD from an Outstanding Balance due, which will preve | ent you from registeri | ng for future classes.** | |
| have completed the verification pr half- time enrollment (at least 6 a Check and wish to cancel my loan person or via the upload portal. Lo | loan adjustment will not be processed until the Financial Access, if required. Germanna will also enforce the regulation ctive eligible credits) in order to receive disbursements of a s, I must attach the check with my signature to this form. So an funds will be returned within 10 business days of the requaction based upon my request above. | on that students must any loan funds. If I hav Submit the form to the | t maintain at least ve received a Refund e Financial Aid Office in | |
| Borrower's Signature | | Date | | |