



**2016-2017 FINANCIAL AID ADJUSTMENT FORM**

STUDENT'S NAME \_\_\_\_\_

VIP ID \_\_\_\_\_

Please complete all applicable sections below, SIGN, date and return to the Financial Aid Office.

**Please indicate the term you wish to make changes (all students must complete this section):**

☐

Fall

☐

Spring

☐

Summer

**CANCELLATION REQUEST**

- ☐ I wish to cancel all of my financial aid (including grants and scholarship funds).  
*\*please note these funds may no longer be available due to funding limitations\**
- ☐ I wish to cancel all of my Federal Direct Loans.
- ☐ I wish to cancel my Federal Direct Subsidized I Loan. ☐ I wish to cancel my Federal Direct Unsubsidized Loan.
- ☐ I wish to cancel my Perkins Loan. ☐ I wish to cancel my Federal PLUS Direct Loan.
- ☐ I wish to cancel my Private Alternative Loan.

**IMPORTANT NOTE TO ALL LOAN RECIPIENTS:** If you received Federal Direct Loan proceeds during your enrollment at our institution, you **must** complete Loan Exit Counseling when you withdraw, graduate or drop below half-time (6 credit hours) attendance. This process can be completed online at [www.studentloans.gov](http://www.studentloans.gov). Select 'Exit Counseling' on main screen and follow the instructions to complete your exit counseling. We will receive an electronic confirmation upon completion of the exit counseling session.

**REINSTATEMENT REQUEST**

- ☐ I wish to reinstate all of my financial aid (including grants and scholarship funds).  
*\*please note these funds may no longer be available due to funding limitations\**
- ☐ I wish to reinstate my federal direct loan(s) for the amount listed below:  
Subsidized \$ \_\_\_\_\_ Unsubsidized \$ \_\_\_\_\_ PLUS \$ \_\_\_\_\_

**LOAN ADJUSTMENT REQUEST**

- ☐ I am graduating in December. Please process my loan for the Fall term only. I understand that my loan amount will be prorated based on enrollment for one term.
- ☐ I wish to apply for \$ \_\_\_\_\_ in additional Federal Direct Loan(s) due to grade level change. My grade level is now: ☐ Sophomore ☐ Junior/Senior
- ☐ My parent was denied a PLUS loan. I wish to apply for \$ \_\_\_\_\_ in additional Unsubsidized funds.
- ☐ I wish to make the following change(s):

	Subsidized Loan	Unsubsidized Loan	Private/Alternative Loan
Increase By			N/A
Decrease By	N/A	N/A	

My signature below authorizes the Financial Aid Office to make the above changes. I understand that if I have requested a cancellation of a loan that has been disbursed to my account, I am responsible for paying the balance due.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date