

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

Federal Parent PLUS Loan OR Graduate PLUS Loan (please circle one)

Undergraduate and/or Graduate Students

Graduate Students Only

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

Summer

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 wish to increase your loan, you must complete the 2009-2010 Financial Aid Change Form INCREASE to request the amount be reinstated.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____

Total New Amount for Summer \$ _____

Lender's name _____

Perkins Loan

Undergraduate and/or Graduate Students

Graduate Students Only

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

Summer

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 \$ _____

Total New Amount for Summer \$ _____

Private Loan

Undergraduate and/or Graduate Students

Graduate Students Only

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

Summer

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 must increase your loan, you must complete the 2009-2010 Financial Aid Change Form INCREASE to request the amount be reinstated.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____

Total New Amount for Summer \$ _____

FEDERAL WORK-STUDY DECREASE REQUEST

Please indicate your desired decreased total for Work-Study below.

Federal Work Study: I am requesting a **decrease** to my current Federal Work Study *award total*.

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 _____