

## REQUEST FOR AID ADJUSTMENT OR CANCELLATION

### INSTRUCTIONS:

Please complete the section(s) that apply to you. You were offered the maximum amount of Subsidized and/or Unsubsidized loans for which you are eligible. You may view your awards on your LOLA account. If you would like to make adjustments to your existing loan(s) or financial aid, please complete the appropriate sections of this form and submit to the Office of Student Financial Assistance. Please allow 7 to 10 business days to process your request. Request to cancel loans cannot be processed more than 60 days after the disbursement date.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### LOANS: (Check/Initial your selection(s) below)

I request to ADD the Subsidized loan: \_\_\_\_\_ Maximum Amount \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

I request to ADD the Unsubsidized loan: \_\_\_\_\_ Maximum Amount \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

I request to DECLINE the Subsidized loan: \_\_\_\_\_ (initial here)

I request to DECLINE the Unsubsidized loan: \_\_\_\_\_ (initial here)

I request to CANCEL ALL of my financial aid (Grants included): \_\_\_\_\_ (initial here)

I request the Office of Financial Assistance revise my financial aid package for the following semester(s):  
Initial your selection below:

Indicate aid year you are requesting to be adjusted/cancelled: 20 \_\_\_\_\_ - 20 \_\_\_\_\_

\_\_\_\_\_ Fall (Indicate year) \_\_\_\_\_

\_\_\_\_\_ Spring (Indicate year) \_\_\_\_\_

\_\_\_\_\_ Summer (Indicate year) \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only:

Student Classification/Dependency Status: Freshman    Sophomore    Dependent    Independent

NSLDS (if applicable): \_\_\_\_\_

Hours Enrolled for Semester Requesting Adjustment: \_\_\_\_\_

SAP Status: \_\_\_\_\_

FA Signature: \_\_\_\_\_ Date: \_\_\_\_\_