



FINANCIAL AID OFFICE
2018-2019 Student Loan Adjustment Form

Student ID # *

Student Name (Last Name, First Name)

* For new students, the Student ID# can be found on the Financial Aid Award Letter.

Please check the applicable box and include the amount you wish to increase or decrease fund by.

<u>Increase</u>	<u>Decrease</u>	<u>Cancel*</u>	<u>Fund</u>	<u>Fall 2018</u>	<u>Spring 2019</u>	<u>Summer 2019</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal Direct Unsubsidized Loan	\$_____	\$_____	\$_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal Direct Subsidized Loan	\$_____	\$_____	\$_____
N/A	<input type="checkbox"/>	<input type="checkbox"/>	Federal Work Study	\$_____	\$_____	N/A
N/A	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Loan**	\$_____	\$_____	\$_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____	\$_____	\$_____	\$_____

* Loan cancelation must be requested within 14 days of the date the loan disbursement notice was sent.

** Increases to Alternative Loans require a new application.

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment to remain eligible for funding. I understand that requesting a cancellation or reduction of a federal/alternative loan may result in a balance owed to the college and it is my responsibility to pay the balance due.

Student Signature (handwritten, not typed)

Date _____

This form contains personally identifiable information.

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