

FINANCIAL AID OFFICE 2020-2021 Student Loan Adjustment Form

Student ID # *			Student Name	(Last Name, First Name)		
	•		n be found on the Financial Aid Award and include the amount you		decrease fund l	oy.
<u>Increase</u>	<u>Decrease</u>	<u>Cancel*</u>	<u>Fund</u> ,	<u>Fall 2020</u>	Spring2021	Summer2021
			Federal Direct Unsubsidized Loa	an \$	\$	\$
			Federal Direct Subsidized Loan	\$	\$	\$
N/A			Federal Work Study	\$	\$	N/A
N/A			Alternative Loan**	\$	\$	\$
			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 Sig	nature (handw	ritten, not ty	ped) This form contains personally ident		ate	

Financial Aid Office 2 College Hill • Westminster, MD 21157 • 410-857-2233 (Voice) • 410-386-4608 (Fax)