

MCDANIEL COLLEGE

FINANCIAL AID OFFICE Student Loan Adjustment Form

Student ID# *

Academic Year

_____S
Student Name (Last Name, First Name)

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

*i.e. 2019-2020, 2020-2021

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

Increase	Decrease	Cancel*	<u>Fund</u>	Fall	<u>Spring</u>	<u>Summer</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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410.857.2233 (Voice) 410.386.4608 (fax)