

FEDERAL DIRECT LOAN CHANGE REQUEST FORM 2010-11

Student Name _____ ID _____

Date of Birth _____ Expected Grad Date _____ SSN _____

_____ Process a loan for \$_____. Summer Fall Spring

_____ Divide my full loan over summer, fall and spring semesters.

_____ Reduce my total loan amount for the year to \$_____.

_____ Reduce my semester loan amount to \$_____. Summer Fall Spring

_____ Move \$_____ from _____ semester(s) to _____ semester(s).

Awarded loan amounts are subject to change based on approval and continued eligibility.

I understand that I must be registered for at least 6 undergrad credit hours or 5 graduate credit hours per semester and **must attend classes** to be eligible for my student loan funds.

Student Signature

Date

For Office Use Only

Indep or Dep	Year ____ in a ____ year program	COE	_____	_____
Hours Enrolled	SM ____ FA ____ SP ____	Family Cont	_____	_____
Loan Period	From ____ to ____	Total Aid	_____	_____
Estimated Graduation Date	_____	Unmet Need	_____	_____
Entrance Interview	SAP _____ GRAD _____	\$ Requested	_____	_____
MPN	_____			

Financial Aid	Per Year	Per Semester	Disbursement Dates
Sub	_____	_____	Sub \$ _____ 1. _____
Unsub	_____	_____	Unsub \$ _____ 2. _____
PLUS	_____	_____	Total \$ _____ 3. _____

Loan Aggregate Balance _____

Hold/Notes _____

Return this form to the Office of Financial Aid at Shawnee State University

Fax to 740-351-3435