

FEDERAL DIRECT LOAN CHANGE REQUEST FORM 2011-12

Student Name _____ ID _____

Date of Birth _____ Expected Grad Date _____ SSN _____

Please check the appropriate option(s):

- | | | | |
|---|---------------------------------|-------------------------------|---------------------------------|
| _____ Process a loan for \$_____. | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| _____ Cancel my loan(s) for the semester/year. | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| _____ Reduce my semester loan amount to \$_____. | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| _____ Reduce my total loan amount for the year to \$_____. | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| _____ Divide my full loan evenly over the semesters indicated. | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |
| _____ Move \$_____ from _____ semester(s) to _____ semester(s). | | | |

Awarded loan amounts are subject to change based on approval and continued eligibility. Loans may be prorated based on the student's expected graduation date.

I understand that I must be registered for at least 6 undergraduate 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	_____	_____
		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 _____ Holds/Notes _____

Return this form to the Student Business Center at Shawnee State University

Fax to 740-351-3435