



# FINANCIAL AID ADJUSTMENT FORM

Student Name: \_\_\_\_\_ Student ID: 900 \_\_\_\_\_

I hereby request the following changes for the 20\_\_\_\_-\_\_\_\_Academic Year:  Fall  Spring  Summer

**I. CANCEL:**

- All financial aid
- Subsidized loan
- Graduate PLUS loan
- Private loan
- Unsubsidized loan
- Parent PLUS loan \*\*

**II. REINSTATE:**

- I previously cancelled all financial aid. Please reinstate.
- I previously declined or cancelled my federal loan(s). Please reinstate \_\_\_\_ subsidized \_\_\_\_ unsubsidized.

**III. REDUCE:**

- Private loan by: \$ \_\_\_\_\_
- Graduate PLUS loan by: \$ \_\_\_\_\_
- Subsidized loan by: \$ \_\_\_\_\_
- Parent PLUS loan \*\* by: \$ \_\_\_\_\_
- Unsubsidized loan by: \$ \_\_\_\_\_

*I understand that loan proceeds, if already disbursed, will be returned to the lender and that SC State University will notify the lender of my request. This may result in a balance due on my SC State University student account.*

**IV. ADJUST:**

- I am not currently enrolled. Please change my award to the following term(s): \_\_\_\_\_
- I am graduating in December. Please process my award for fall only. I understand that the federal loan amount(s) will be prorated based on my hours of enrollment.
- Other (please explain)

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**SIGNATURE: \*\* If requesting changes to a Parent PLUS loan, the parent’s signature is also required. \*\***

Electronic / typed signatures are not accepted.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_