



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.

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)

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: _____