



Office Use Only

Office of Financial Aid
2017-2018 Loan Change Form

Student Name: _____

SSN (last 4 digits): _____ Phone Number: _____

Student Type: WOM CAUS GRAD PHARM

Loan Change Request:

Please indicate which semester(s) you are requesting a loan change:

Fall & Spring Fall only Spring only Summer

Please indicate which loan(s) you want to change:

Direct Subsidized loan Direct Unsubsidized loan Direct Parent PLUS loan
 Direct Grad PLUS loan Alternative loan Perkins loan

I request that Notre Dame of Maryland University change my loan amount:

From: \$ _____

To: \$ _____

Please Note:

- Loan increases will be processed based on the student’s eligibility according to their budget and federal regulations
- Requesting a reduction or cancellation of the selected loan(s) may result in a balance owed to the university and is the responsibility of the student to pay the balance due.

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.

Student Signature

Date

Parent Signature (Required for changes to Parent PLUS loan)

Date

This form must be submitted no later than 30 days from the date disbursement notice was sent.