



Office Use Only

Office of Financial Aid
2020-2021 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 reduction:

[ ] 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 that it is my responsibility 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.