

2020-2021 Change Request Form

Full Name _____ **T-Number** _____

<p><u>Subsidized Loan</u></p> <p><input type="checkbox"/> I request my subsidized loan to be reinstated</p> <p><input type="checkbox"/> I request an (circle one) increase/decrease to my subsidized loan in the amount of \$ _____ (circle one) Fall 2020 Spring 2021 Fall/Spring (will be split evenly)</p>
<p><u>Unsubsidized Loan</u></p> <p><input type="checkbox"/> I request my unsubsidized loan be reinstated</p> <p><input type="checkbox"/> I request an (circle one) increase/decrease to my unsubsidized loan in the amount of \$ _____ (circle one) Fall 2020 Spring 2021 Fall/Spring (will be split evenly)</p>
<p><u>Grad PLUS Loan</u></p> <p><input type="checkbox"/> I request a grad plus loan in the amount of \$ _____ (circle one) Fall 2020 Spring 2021 Fall/Spring (will be split evenly)</p>
<p><u>Work Study</u></p> <p><input type="checkbox"/> I request my work study eligibility be offered <input type="checkbox"/> I request my work study eligibility be cancelled</p>
<p><u>Other</u></p>

Please read and acknowledge the following statements:

- I understand that additional loan amounts may be awarded based on an estimated enrollment status of full-time for the academic year. My award will be subject to change for less than full-time enrollment.
- I understand that if my loan has already disbursed and I am requesting the disbursement be canceled, I may owe money back to the University.
- I understand that the interest on an Unsubsidized Loan will begin to accrue immediately upon its disbursement. (It is recommended that students make arrangements to pay interest monthly to avoid capitalization of accrued interest.)
- I understand that receiving VA benefits or Vocational Rehab, it could affect my eligibility for federal student aid.
- I understand that I must stay within a cost of attendance budget. If award amounts put me over my available budget, I will be “over- awarded” in federal and state aid possibly leading to a return of funds.
- I understand that by signing this form I am authorizing SUU to perform a credit check (Grad Plus loan).

Student Signature _____ Date _____

By signing this form you indicate that you understand and agree to the statements listed above.