2015-2016 FINANCIAL AID LOAN ADJUSTMENT FORM



| Student Name | Student ID# |
|--|--|
| Quarter Requested | |
| You will receive an email notification when your award | letter is updated on Web Advisor. |
| #1. I WANT A FINANCIAL AID RE-EVALU | JATION: |
| For the following program: DC UG GR | Pre-DC |
| For the following reason(s): SAP re-evaluation | Non-enrollment Enrolling in a different degree program |
| 🗌 UG grade level increa | se to sub/unsub loan(s) |
| Adjustment will apply for the current quarter and all future | quarter(s) |
| #2. I WANT TO REDUCE FOR THE FOLLO | OWING REASON: |
| Subsidized Unsubsidized PLUS Priva | te Loans |
| Pay for tuition and fees only: | |
| By a specific amount: | |
| #3. I WANT TO CANCEL: | |
| Subsidized Unsubsidized PLUS Perki | ns 🗌 Private Loans |

I understand the loan(s) will be cancelled for the entire academic year and if my loans have already been disbursed to my Student Account my request will not be processed. Should I wish to reinstate my loan(s) **next quarter,** I must complete a new form by week 10 of the current quarter.

#4. I WANT TO INCREASE/REINSTATE FOR THE FOLLOWING REASON:

| PLUS up to the max cost of attendance | Sub/Unsub reinstated | PLUS reinstated |
|---------------------------------------|----------------------|-----------------|
| | | |

Increase to loan will apply for the current quarter requested and all future quarter(s). Reinstated loan(s) will be awarded for the next quarter and future quarters.

By signing below I understand the changes I am requesting. I am aware of how these changes will impact my financial aid award and my student account.

| Student Signature | Date |
|--|------|
| Parent Signature (Required for any Parent PLUS adjustments) | Date |
| Office Use Only • Intake – Please Initial and Date | |
| | |

Rec'd by:_____ Date:_____

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