

Loan Change Request

Student's Name _____ Student ID _____
Last First

I request that my education loan(s) are adjusted as follows for the 2024-25 academic year (choose one):

1. Divide my loan eligibility equally between the following sessions/terms of attendance (check all that apply):
 Fall 1 Fall 2 Spring 1 Spring 2 Summer
 Fall (16-week) Spring (16-week) *Plainview Campus or BSN Only*
2. I do not plan to borrow from any loan program. Please cancel my loans.
3. I previously declined my loans but have changed my mind. Please reoffer my loan eligibility.
4. I would like to make the following changes to my loan eligibility:

Loan Type	Fall 1	Fall 2	Spring 1	Spring 2	Summer
<input type="checkbox"/> Subsidized Direct Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> Unsubsidized Direct Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> Direct PLUS Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> College Access Loan (CAL)	\$	\$	\$	\$	\$
<input type="checkbox"/> Private Education Loan	\$	\$	\$	\$	\$

Notes for Financial Aid Advisor:

Student Signature _____ Date _____