



Office of Financial Aid

100 West College Park Drive Douglas, GA 31533 (**Douglas**) Phone: 912-260-4282 (**Douglas Campus**)

Fax: 912-260-4455 (**Douglas Campus**) or Email: finaid@sgsc.edu

DIRECT LOAN ADJUSTMENT REQUEST

Student's Name _	ID#
	REQUEST TO REDUCE DIRECT LOAN
Subsidized Di	
Please REDUCE m	y Subsidized Direct Loan for the current academic year to \$
Unsubsidized Please REDUCE m	Direct Loan: y Unsubsidized Direct Loan for the current academic year to \$
Parent Plus Lo	oan: y Parent Plus Direct Loan for the current academic year to \$
	REQUEST TO CANCEL DIRECT LOAN CHECK all that apply:
	C ANCEL my <u>Subsidized Direct Loan</u> for: C ANCEL my <u>Unsubsidized Direct Loan</u> for:
□ Please	CANCEL my <u>Parent's Plus Loan</u> for:
CHECK	Call that apply: ☐ Fall Semester ☐ Spring Semester ☐ Summer Term
	REQUEST TO INCREASE DIRECT LOAN
Amount of Inc	rease \$ for □ Subsidized □ Unsubsidized □ Parent Plus
CHECK	all that apply: ☐ Fall Semester ☐ Spring Semester ☐ Summer Term
Please N	ote: A student cannot request more than his/her annual loan eligibility as determined by the student's academic grade level.
Reason for Inci	rease:
_	Grade Level (Sophomore 30+ credits) us Loan Denied (Please <u>attach</u> a copy of the PLUS Denial Letter)
Student Signature	Date
Parent Signature	Date(ONLY applies to Plus Loans)