

2024-2025 FEDERAL STUDENT LOAN ADJUSTMENT FORM

Student's Name: _____ Student ID: _____

Phone Number: _____ UDC E-Mail: _____

I REQUEST TO INCREASE, DECREASE, REINSTATE, OR CANCEL MY FEDERAL DIRECT LOAN(S) as indicated below. **All requests are subject to approval.**

Loan Type	Increase/Decrease/ Cancel	Fall 2024	Spring 2025	Summer 2025	Total Amount
Federal Direct Unsubsidized	<input type="checkbox"/> Increase by <input type="checkbox"/> Decrease by* <input type="checkbox"/> Cancel Completely*				
Federal Direct Graduate Plus	<input type="checkbox"/> Increase by <input type="checkbox"/> Decrease by* <input type="checkbox"/> Cancel Completely*				

***I understand that the reduction or cancellation in my loan(s) may result in a balance due on my student account/bill and I will be responsible for the balance due. Failure to pay may result in late fees and the placement of a hold on my student account.**

OTHER SPECIAL INSTRUCTIONS:

Student Signature: _____ Date: _____