

**2020-2021**  
**Direct Loan Change Request Form**



**Student Name:** \_\_\_\_\_ **EGCC ID#:** \_\_\_\_\_

Please make the following change to my 2020-2021 Direct Loan. Check the ONE that applies:

- \_\_\_\_\_ Increase my loan amount (Complete Section I and sign in Section IV)  
\_\_\_\_\_ Reduce my loan amount (Complete Section II and sign in Section IV)  
\_\_\_\_\_ Cancel my loan (Complete Section III and sign in Section IV)

**SECTION I** **INCREASE MY LOAN AMOUNT**

**I would like additional Direct Stafford Loan funds for the following reason(s):**

- \_\_\_\_\_ I am now in need of additional funds for educationally related expenses.  
\_\_\_\_\_ I am at a higher academic level.  
\_\_\_\_\_ My parent was denied a PLUS loan. I would like to request an additional unsubsidized loan.

**Old Loan Amount:** \$ \_\_\_\_\_ **New Loan Amount you are requesting:** \$ \_\_\_\_\_

If you are not eligible for the loan amount requested in SUBSIDIZED loan funds, do you want your remaining request in UNSUBSIDIZED funds? **Please note that unsubsidized loans accrue interest while in school.**

**Yes**  **No**

**Please circle all terms for which you are requesting this change.**

Spring 2021                      Summer 2021

**SECTION II** **REDUCE MY LOAN AMOUNT**

**I would like to reduce my loan for the loan period indicated below. Please circle all terms that apply:**

**Old Loan Amount:** \$ \_\_\_\_\_ **New Loan Amount you are requesting:** \$ \_\_\_\_\_

**Subsidized Loan:**    Spring 2021                      Summer 2021  
**Unsubsidized Loan:**    Spring 2021                      Summer 2021

**SECTION III** **CANCEL MY LOAN**

**I would like to cancel the following loan disbursement(s). Please circle all terms that apply:**

**Subsidized Loan:**    Spring 2021                      Summer 2021  
**Unsubsidized Loan:**    Spring 2021                      Summer 2021

**SECTION IV**

- *I understand that any changes made to my loan(s) may result in 2-3 weeks processing time.*
- *I understand that if I drop below half time (6 hours) or completely withdraw from classes, I am required to complete Exit Loan counseling. Failure to complete this requirement now may delay future disbursements for terms in which I intend to enroll. I also understand that by withdrawing or dropping below half time that my 6 month loan repayment grace period may begin.*

*By signing this form, I authorize EGCC's Financial Aid Office to make the changes that I have requested above. If I have requested a cancellation of a loan that has already been credited to my account, I understand that I am responsible for paying the balance owed to EGCC, if a balance due results from my request.*

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_  
**Date**