

**2019-2020**  
**Direct Loan Change Request Form**



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

Please make the following change to my 2019-2020 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.**

Fall 2019                      Spring 2020                      Summer 2020

**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:** \$ \_\_\_\_\_

<b>Subsidized Loan:</b>	Fall 2019	Spring 2020	Summer 2020
<b>Unsubsidized Loan:</b>	Fall 2019	Spring 2020	Summer 2020

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

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

<b>Subsidized Loan:</b>	Fall 2019	Spring 2020	Summer 2020
<b>Unsubsidized Loan:</b>	Fall 2019	Spring 2020	Summer 2020

**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**