

# LOAN CHANGE REQUEST

FOR AWARD YEAR\_\_\_\_\_

# Student Name:\_\_\_\_\_\_NCC I.D N00\_\_\_\_\_

This form is used only to <u>INCREASE</u>, <u>REDUCE</u>, OR <u>DECLINE</u> your Federal Student Loan for the current award year. If you would like to request a new loan, please submit a loan request form.

## [] I am requesting an INCREASE to my <u>current</u> loan:

Semester	Current \$ Amount	Plus \$ amount increase	Total \$ Amount
Fall (September – December)		+	=
Spring (January – May)		+	=
Summer (May – August)		+	=

NOTE: The College will always award subsidized loans first.

### [] I am requesting a REDUCTION to my current loan:

Semester	Current \$ Amount	Minus \$ amount decrease	Total \$ Amount
Fall (September – December)		-	=
Spring (January – May)		-	=
Summer (May – August)		-	=

NOTE: The College will always reduce unsubsidized funds first.

### [] I wish to DECLINE my current loan award for the following semester(s):

[ ]Fall (September – December)				
[]Spring (January – May)				
[ ]Summer (May – August)				

I understand that I have a right as a borrower to cancel all or part of these loan funds, <u>within 14 days</u> of the date of disbursement. If I wish to cancel after that time, I am responsible to return the loan funds directly to my federal loan servicer. The name of my federal loan servicer can be found by logging on to the National Student Loan Data System (NSLDS).

Student Signature\_\_\_\_\_ Date \_\_\_\_\_

(Digital or handwritten signature is acceptable)

Offic T F	ce use only: This request is for the Budget Remaining Need EFC Other Aid	Loan pe	riod Credit lo	ad:fall winter/spring miniMay/summer	
U		Counselor proce	essing request:	Date:	
For your convenience you may submit this completed form to Nassau Community College, Financial Aid Office					
	fax: 516.572.764	42 or	email: financialaid@ncc.e	du	