

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Request for Loan Adjustment
2018-2019**

Student's Name _____

Winthrop ID Number _____

NOTE: You must be enrolled (and still attending) at least half-time (6 credit hours) to complete and submit this form. In order to process your request, this form must be received by the Office of Financial Aid no later than December 3, 2018 for fall loans and April 15, 2019 for spring loans.

REDUCE LOAN - I wish to reduce my loan(s) **TO** the following amount:

- | | |
|--|---|
| <input type="checkbox"/> Subsidized Federal Direct Loan \$ _____ | <input type="checkbox"/> Graduate PLUS Loan \$ _____ |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan \$ _____ | <input type="checkbox"/> Private Loan \$ _____
Lender: _____ |

For the loan period indicated below (check only one):

- 2018/2019 Fall 2018 only Spring 2019 only

CANCEL LOAN - I wish to cancel the following loan(s):

- | | |
|---|--|
| <input type="checkbox"/> Subsidized Federal Direct Loan | <input type="checkbox"/> Graduate PLUS Loan |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan | <input type="checkbox"/> Private Loan
Lender: _____ |

For the loan period indicated below (check only one):

- 2018/2019 Fall 2018 only Spring 2019 only

REINSTATE/INCREASE LOAN - I wish to reinstate/increase the loan(s) listed below **TO** the following amount (based on eligibility):

- | | |
|--|---|
| <input type="checkbox"/> Subsidized Federal Direct Loan \$ _____ | <input type="checkbox"/> Private Loan – Contact the Office of Financial Aid for your options. |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan \$ _____ | |

For the loan period indicated below (check only one):

- 2018/2019 Fall 2018 only Spring 2019 only

By signing below, I authorize the Office of Financial Aid to make the changes I have requested above. I understand that submitting this form does not guarantee that my request can be processed. If I have requested a cancellation of a loan that has already credited to my account, I understand that I am responsible for paying the balance owed to Winthrop University if a balance results from my request.

Student's Signature _____

Date _____

Sykes House, 638 Oakland Ave, Rock Hill, SC 29733
(803) 323-2189 (phone) – (803) 323-2557 (fax) – finaid@winthrop.edu
www.winthrop.edu/finaid