

Student Name: _____ A#: _____

Financial Aid Type (Select all that apply)

- Federal Work-Study
- Federal Direct Loan – Subsidized
- Federal Direct Loan – Unsubsidized
- Federal Direct Loan – Unsubsidized Grad Loan
- Federal Direct Loan – Parent PLUS
- Private/Alternative Loan

Term(s) to be Adjusted

- Fall _____
- Spring _____
- Summer _____
- Entire 20____ – 20____ Academic Year

Requested Action

- Accept the selected financial aid
- Cancel the selected financial aid
- Adjust the loan to cover the account balance only (no credit created)
- Decrease the aid amount to: \$ _____
- Increase the aid amount to: \$ _____

Student Authorization

Student Signature: _____ Date: _____

(Signature cannot be typed, please provide a written signature such as with your finger or stylus.)

Questions? Contact the Office of Financial Aid: 432-837-8050 or FA@sulross.edu.