

California State University SAN MARCOS

Financial Aid and Scholarships Office **Tel:** 760.750.4850

Fax: 760.750.3047 www.csusm.edu/finaid

2016-2017 LOAN REVISION REQUEST FORM

Student Name:				Student ID#:		
CSUSM students who Direct Loan(s) on m y	o previously accept y.csusm.edu and no	ed, de	eclined, or reduce sh to revise their	ed their 2016-17 subsidize response(s) should comp	d, u lete	nsubsidized, or Grad PLUS this form.
requirements such a program. If you drop	as <u>SAP</u> . Additionally below half-time en culated student to C	, you r rollm	nust be attending ent, any remaini	e must be complete and y g at least half-time each se ng loan disbursements wil evisions should be request	eme: I be	ster in an eligible CSUSM cancelled. You must be
Please check the bo: □ Fall/Spring	x [√] next to the a □ Fall Only	pplical	•	⁻ 2016-17 Direct Loan revi ring Only		request. □ Summer
you accepted a lesse form, I understand t will begin to accrue zero if applicable), h below.	er amount. You now hat if an unsubsidiz as soon as the direction much you wou	v wish ed dir et loan Id like	to accept the loa ect loan is accep is paid to my acc your loan to inc	an(s), or increase the amore ted and certified, the inter count. Please indicate you rease by and what the tot	unt(rest ir cu	an(s) on my.csusm.edu, or s) offered. By signing this on the unsubsidized portion rrent loan amount (indicate mount of your loan will be
LOAN TYPE	Current Accepted Loan Amount	Amount of loan (choose one) increase (+) decrease (-)			Тс	tal Gross Loan Amount
Subsidized Loan	\$	+/-	\$		=	\$
Unsubsidized Loan	\$	+/-	\$		=	\$
Graduate PLUS Loan	\$	+/-	\$		=	\$
	iny amount has bee					is option, your loan(s) will be stand that you must repay the
[v] the box and sign next to the loan you want to cancel				Loan Type		
				Federal Direct Subsidized Loan		
				Federal Direct Unsubsidized Loan		
				Federal Direct Graduate PLUS Loan		
Student Signature: _				Dα	te:	
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