STUDENT LOAN ADJUSTMENT FORM

To request an adjustment or cancellation of your student loan(s) this form must be completed in its entirety. Please indicate which loan you are requesting to be adjusted, the amount of the adjustment, and the term in which you are requesting the adjustment take place. If you have any questions please contact the Office of Financial Aid at finaid@su.edu or (540) 665-4538.

_____

Student Name

_____

SU Email

_____

Student ID Number

____2024-2025_____

Academic Award Year

LOAN - Indicate with a check mark the applicable loan to be adjusted:

	Federal Direct Unsubsidized Student loan
	Federal Direct Subsidized Student loan
	Private Loan **Lender Name: _____**
	Federal Graduate PLUS loan
	Federal Parent PLUS loan

TERM - Indicate with a check mark the applicable term(s):

	Fall		**Spring**		**Summer**

Additional Info/Notes: _____

LOAN ACTION - Indicate with a check mark the applicable action requested:

	Reduce loan amount to: $_____ (New loan amount)		Cancel loan entirely		Reduce to cover tuition and fees only Please indicate semester(s) applicable: _____

Additional Info/Notes:

_____

REINSTATEMENT: Complete this section if you previously had a Federal Direct Subsidized/Unsubsidized loan(s) that were canceled/rejected/unused, and you would like your loan(s) to be reinstated. (_circle applicable semester_)

Fall   Spring   Summer

Please select one of the following:

	Federal Direct Subsidized		Cover tuition and fees only		Reinstate original loan amount $_____	New Total Amount: $_____
	Federal Direct Unsubsidized		Cover tuition and fees only		Reinstate original loan amount $_____	New Total Amount: $_____

I understand that my request for a loan adjustment cannot be completed until the Office of Financial Aid has received my FAFSA, and cleared any outstanding requirements (Verification, Conflicting information, etc). I also understand that I must maintain half-time enrollment for all Federal student loans and will notify the Office of Financial Aid should I drop below that threshold.

By signing below I authorize the Office of Financial Aid to make these requested changes on my behalf.

_____   _____   _____

Student Signature   **Student ID Number**   **Date**

_____   _____   _____

Parent Signature (required for Parent PLUS loans only)   **Student ID Number**   **Date**