



Loan Change Request 2016-2017

Office of Financial Aid

Student's Name _____

Banner ID# _____

Current Phone Number _____

E-mail: _____

Please reinstate/decrease my Subsidized loan in the following amounts:

Summer II _____ Fall _____ Spring _____ Summer I _____

Please reinstate/decrease my Unsubsidized loan in the following amounts:

Summer II _____ Fall _____ Spring _____ Summer I _____

CLASSIFICATION CHANGE REQUEST: PLEASE CHECK THE APPROPRIATE BOX BELOW:

Freshman to Sophomore _____
Sophomore to Junior _____
Senior to Graduate _____

Disclaimer: I understand that any changes or request made to my loans will result in 10 additional business day for processing. If I am a first time borrower, I must complete an online Entrance Loan Counseling and Master Promissory Note (MPN) before my loan funds will be credited to my student account. If I drop below halftime, completely withdraw from the university, or do not return to school, my grace period begins, and I will need to complete an Exit Loan Counseling. The grace period for all Stafford Loans is six (6) months.

By signing this form, I understand that I am requesting the Office of Financial Aid at Fayetteville State University reinstate your full loan eligibility and my responsibilities and rights as a Direct Loan Borrower.

Signature: _____ Date Signed: _____