

LNCHG

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Before changing loan funds, please ensure that you understand the following:

- x If your loan has been partially or fully disbursed to your account, removing loan funds may result in a balance due to the University.
- x If your loan has been disbursed for more than 30 days, you are unable to reduce your loan(s) unless you are including a check or money order for the amount to reduce credit already exists on your account
- x Loans will be increased/reduced in the order of most benefit to the student, based on interest rate, unless specified otherwise.
- x Changes to a Parent PLUS Loan require a signature from the parent.

Student loan reduction request:		
Semester/year _____	Amount: \$ _____	Loan: _____
Semester/year _____	Amount: \$ _____	Loan: _____
Student loan increase request:		
Semester/year _____	Amount: \$ _____	Loan: _____
	or [ ] Cover balance only	
Student signature: _____		Date: _____

Parent loan reduction request		
Semester/year _____	Amount: \$ _____	Loan: _____
Semester/year _____	Amount: \$ _____	Loan: _____
Parent loan increase request:		
Semester/year _____	Amount: \$ _____	Loan: _____
	or [ ] Cover balance only	
Parent refund change request:	[ ] Refund to Student	[ ] Refund to Parent
Parent name and signature: _____		Date: _____
(Required if increasing Parent PLUS Loan or changing refund choice)		