

**Office of Student Financial Aid
2009-2010 Loan Change Request**

University of North Carolina at Charlotte
9201 University City Blvd, Charlotte, NC 28223-0001 Phone: (704) 687-2461 FAX: (704) 687-3132

Student Name: _____ **Student ID#:** _____

Email: _____ **Home/ Cell Phone:** _____

Federal Subsidized Stafford Loan:

- Reduce** my previously accepted loan to the following amount \$ _____
- Reinstate** my previously declined loan for the following amount \$ _____
- Cancel** my loan
- Increase** my loan. **Additional** amount requested: \$ _____

For the loan period indicated below: (please check only one)

- 2009-2010 fall 2009 only spring 2010 only summer 2010

Federal Unsubsidized Stafford Loan:

- Reduce** my previously accepted loan to the following amount \$ _____
- Reinstate** my previously declined loan for the following amount \$ _____
- Cancel** my loan
- Increase** my loan. **Additional** amount requested: \$ _____

For the loan period indicated below: (please check only one)

- 2009-2010 fall 2009 only spring 2010 only summer 2010

Alternative Loan:

- Reduce** my loan to the following amount \$ _____
- Cancel** my loan with my lender: _____ **** You must indicate the name of your lender****

For the loan period indicated below: (please check only one)

- 2009-2010 fall 2009 only spring 2010 only summer 2010

By signing this form, I authorize the UNC Charlotte Office of Student Financial Aid to make the changes that I have requested above. If I have requested a cancellation of a loan that has already credited to my account, I understand that I am responsible for paying the balance owed to UNC Charlotte if a balance results from my request.

Student Signature: _____ **Date:** _____

****OFFICE USE ONLY****

COA:
- F/A: _____
ELIG:

Processed by: _____ Date: _____