UNC CHARLOTTE

OFFICE OF FINANCIAL AID
9201 University City Blvd.
Charlotte, NC 28223-0001
Phone: 704-687-5504
Fax: 704-687-1461

2017 Summer Loan Change Request

Student Name:_____ Student ID #: _____
First Last

Email: _____ Phone: (_____) _____

Federal Subsidized Stafford Loan

☐ **Reduce** my loan to $ _____
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Reinstate** my previously declined loan to $ _____ for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Increase** my loan. **Additional** amount requested: $ _____ (check only one):
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Cancel** my loan for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II

Federal Unsubsidized Stafford Loan

☐ **Reduce** my loan to $ _____
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Reinstate** my previously declined loan to $ _____ for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Increase** my loan. **Additional** amount requested: $ _____ (check only one):
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Cancel** my loan for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II

Alternative Loan

☐ **Reduce** my loan to $ _____
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II
☐ **Cancel** my loan for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only ☐ Both Summer Sessions I & II

By signing this form, I authorize the UNC Charlotte Office of 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: _____