



2009-10 LOAN CHANGE FORM

Student Name _____ **Student Rocket Number** _____

Student Signature _____ **Date** _____

Please reduce my subsidized Stafford Loan from \$ _____ to \$ _____

Please reduce my unsubsidized Stafford Loan from \$ _____ to \$ _____

Please reduce my Alternative Loan from \$ _____ to \$ _____

I would like additional Stafford Loan funds in the following amount(s) for the following reason(s):

Subsidized Amount: \$ _____ **Unsubsidized Amount:** \$ _____

_____ I am at a higher academic level than what my loan funds were originally processed for.

_____ I turned down all or a portion of my loan(s) earlier, but I am now in need of additional funds. I understand that if I ask for only one term, I may not receive the entire amount that was shown on my original Award Notification.

_____ My parent was turned down for a PLUS Loan. He/she will not be appealing the decision, using an endorser, or asking for a credit override. I would like an unsubsidized loan processed for me.

_____ Other. Please explain: _____

I wish to have fewer funds or to use the additional funds for the following term(s). I understand that I must be enrolled at least 6 credit hours for every term circled to receive any funds.

Summer 2009 Fall 2009 Spring 2010

I wish to cancel the following loan disbursement(s). Please circle the appropriate term(s).
NOTE: The student signature is required above if a disbursement has already been made.

Subsidized Stafford Loan	Summer 2009	Fall 2009	Spring 2010
Unsubsidized Stafford Loan	Summer 2009	Fall 2009	Spring 2010
Alternative Loan	Summer 2009	Fall 2009	Spring 2010

Check if applicable to you:

_____ I will no longer be attending The University of Toledo effective _____ term.

Return this form to: Office of Student Financial Aid
Mail Stop 314
The University of Toledo
Toledo, OH 43606-3390
Fax: 419.530.5835

Office use only: This information was collected _____ over the telephone _____ over the counter

Date _____ Person collecting information _____