

## 2024-2025 LOAN ADJUSTMENT REQUEST- STUDENT

Complete the appropriate section to request an adjustment to a loan amount. Check the box for the action you want taken and indicate the amount of the adjustment. If a loan has already disbursed, you have 14 days to request a reduction. Requests beyond the timeframe will be considered on a case-by-case basis.

**SECTION A: STUDENT INFORMATION**

Student Name	SUNY Canton ID

**SECTION B: LOAN ADJUSTMENT**

I would like to make the following adjustments to my student loan. Check only the appropriate box for the loan type you wish to make an adjustment to and enter an amount if requested.

I would like to make the following adjustments to my student loan:	
<input type="checkbox"/> Accept Maximum Amount <input type="checkbox"/> Decrease Loan Amount <input type="checkbox"/> Increase Loan Amount <input type="checkbox"/> Cancel Full Amount <input type="checkbox"/> Only what is needed to cover the bill.	<p>Check only the appropriate box for the loan type you wish to make an adjustment to and enter an amount if requested.</p> <input type="checkbox"/> Federal Direct Subsidized Loan Fall 2024: \$ _____ Spring 2025: \$ _____ <input type="checkbox"/> Federal Direct Unsubsidized Loan Fall 2024: \$ _____ Spring 2025: \$ _____

*Reminder: A loan origination fee of 1.057% will be deducted from the Gross Loan Amount for Direct Subsidized Loans and for Direct Unsubsidized Loans.*

**SECTION C: AUTHORIZATION**

By signing this form, I certify I have read and understand the information provided. If I wish to make any further adjustments to my student loan, I understand I must submit another written request. All information is true and accurate to the best of my knowledge.

Student Borrower Signature (required) Date