

2015 - 2016 Financial Aid Adjustment Form

Office of Student Financial Aid

Summerville Campus 2500 Walton Way, Augusta, GA 30904 Phone: 706-737-1524 Fax: 706-737-1777

Student Name:	Student ID:			
Please complete all applicable se ** If requesting changes to a P	ctions below, SIGN, date and			
Please indicate the term y	you wish to make changes (all stu	udents must complet	e this section):	
☐ Fall ☐ Spring	☐ Fall / Spring ☐ Spring / Summer			
	CANCELLATION REQUES	T		
☐ I wish to cancel all of my financial aid (including grants and scholarship funds). ☐ I wish to cancel the following Federal Direct Loan(s): ☐ All loans ☐ Unsubsidized Loan ☐ Graduate PLUS Loan ☐ Parent PLUS Loan ** ☐ I wish to cancel my Alternative loan. IMPORTANT NOTE TO ALL LOAN RECIPIENTS: If you received Federal Direct Loan proceeds during your enrollment at Augusta University, you must complete Loan Exit Counseling when you withdraw, graduate or drop below half-time (6 credit hours) attendance. This process can be completed online at www.studentloans.gov. Sign in, select 'Complete Counseling' and follow simple instructions to complete your exit counseling. Augusta University will receive an electronic confirmation within 48 hours after completion.				
REINSTATEMENT REQUEST				
☐ I wish to reinstate all of my financial aid (including grants and scholarship funds). ☐ I am not currently enrolled. Please re-package my aid for the following term(s):				
LOAN ADJUSTMENT REQUEST				
 (If applying for a loan or loan increase, request must be submitted on a loan request form.) □ I am graduating in December. Please process my loan for the fall term only. I understand that my loan amount will be prorated based on my hours of enrollment. □ I wish to decrease the following loan(s) by the amount listed: 				
l Subsidized Loan l	sidized Graduate PLUS an Loan	Parent PLUS Loan **	Alternative Loan	
Other (please explain):				
IMPORTANT NOTE TO ALL LOAN RECIPIENTS: Plan portion of your federal direct student loan fund Aid Office and you will need to contact your loan on your Augusta University account.	s. Any request received after 30 days	s of the disbursement w	rill not be processed by the Fir	nancial

Student's Handwritten Signature: _____ Date: _____

Parent's Handwritten Signature: ______ Date: _____