

Signature: _____

Office of Student Financial Aid

1120 15th Street, Fanning Hall, Augusta, GA 30912 Phone: 706-737-1524 Fax: 706-737-1777

osfa@augusta.edu

FINANCIAL AID ADJUSTMENT FORM Student Name: ____ Student ID: Please complete all applicable sections below, SIGN, date and return to the Augusta University Financial Aid Office. **If Requesting Changes to a Parent PLUS, Parent's signature is also required** Please indicate the Aid Year you wish to make changes to (all student must complete this section): Please indicate the term you wish to make changes (all students must complete this section): ☐ Summer ☐ Fall / Spring Fall Spring ☐ Spring / Summer ☐ Summer Session 3 **CANCELLATION REQUEST** ☐ 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 _____ Parent PLUS 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 may be completed online at https://studentaid.gov Sign in, select 'Complete Counseling' and follow simple instructions to complete your exit counseling. Augusta University should receive an electronic confirmation within 48 hours after completion. REINSTATEMENT REQUEST ☐ I am not currently enrolled. Please re-package my aid for the following term(s):_____ ☐ I wish to reinstate all of my financial aid (including grants and scholarship funds). ☐ I wish to reinstate my federal direct loan(s) for the amount listed below: Subsidized \$ _____ Unsubsidized \$ ____ Graduate PLUS \$ _____ Parent PLUS \$ _____ LOAN ADJUSTMENT REQUEST ☐ 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 apply for \$ ______in additional Federal Direct Loan(s) due to grade level change. My grade level is ☐ Sophomore ☐ Junior ☐ Graduate now: ☐ My parent was denied a PLUS loan. I wish to apply for \$ _____ in additional Unsubsidized funds. ☐ I wish to make the following change(s): Subsidized Loan Unsubsidized Loan Graduate PLUS Loan Private/Alternative Loan N/A Increase By Decrease By Other (please explain):

Parent Signature (Parent PLUS only): ______