



Office of Student Financial Aid

Website: www.gru.edu/finaid

Summerville Campus
2500 Walton Way, Augusta, GA 30904
Phone: 706-737-1431 Fax: 706-737-1777

Health Sciences Campus
1120 15th Street, Augusta, GA 30912
Phone: 706-721-4901 Fax: 706-721-9407

2013 - 2014 FINANCIAL AID ADJUSTMENT FORM

Student Name: _____ Student ID: _____

Please complete all applicable sections below, SIGN, date and return to the GRU Financial Aid Office.

Please indicate the term you wish to make changes (all students must complete this section):

- | | | |
|--|--|--|
| <input type="checkbox"/> Fall
<input type="checkbox"/> Spring | <input type="checkbox"/> Fall / Spring
<input type="checkbox"/> Spring / Summer | <input type="checkbox"/> Summer
<input type="checkbox"/> 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 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 GRU, 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.nslds.ed.gov. Select 'Exit Counseling' on main screen and follow simple instructions to complete your exit counseling. GRU will receive an electronic confirmation upon completion of the interview.

REINSTATEMENT REQUEST

- ☐ 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 \$ _____

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 now: ☐ Sophomore ☐ Junior ☐ Graduate
☐ 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
Increase By				N/A
Decrease By				

- ☐ Other (please explain): _____

IMPORTANT NOTE TO ALL LOAN RECIPIENTS: Please notify the Financial Aid Office within 30 days of the disbursement if you wish to return all or a portion of your federal direct student loan funds. Any request received after 30 days of the disbursement will not be processed by the Financial Aid Office and you will need to contact your lender to return funds. **Cancelling or reducing a disbursed loan may result in a balance due on your Georgia Regents University account.**

Signature: _____ Date: _____