



Loan Adjustment Request

Name _____ Student ID _____

Loan Type: *(circle one)*

Direct Subsidized

Direct Unsubsidized

Direct PLUS

Alternative

Action Requested: *(select one)*

- Cancel entire loan for year
- Cancel entire loan for semester indicated: _____
(Please note: loans canceled for the fall semester will be canceled for the entire year. A reinstatement request must be submitted, if the loan is needed for the spring semester.)
- Return credit balance *(Any future account activity may impact this request.)*
- Reduce loan amount to equal \$ _____ for fall / spring / year *(circle one)*
- Reinstate entire amount for year
- Reinstate entire amount for semester indicated: _____
- Reinstate loan amount to equal \$ _____ for fall / spring / year *(circle one)*
- Adult & Graduate Studies Only:** Student will not attend summer semester and is requesting loans be divided between fall and spring only.

I understand that loan adjustments can only apply to current or future semesters and that Direct Unsubsidized funds must be returned prior to Direct Subsidized funds. I also understand that any balance on my student account that is created by the completion of this request is due immediately and will be paid within 15 business days.

Borrower Signature _____ Date _____

Please complete and return to: Bethel University Financial Aid Office
1001 Bethel Circle
Mishawaka, IN 46545
Fax: 574.807.7122

Scan and e-mail to: FinAid@BethelUniversity.edu