



## STUDENT LOAN ADJUSTMENT FORM

To request an adjustment or cancellation of your student loan(s) this form must be completed in its entirety. Please indicate which loan you are requesting to be adjusted, the amount of the adjustment, and the term in which you are requesting the adjustment take place. If you have any questions please contact the Office of Financial Aid at [finaid@su.edu](mailto:finaid@su.edu) or (540) 665-4538.

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

SU Email \_\_\_\_\_

2025-2026

Academic Award Year

**LOAN** - Indicate with a check mark the applicable loan to be adjusted:

<input type="checkbox"/>	Federal Direct Unsubsidized Student loan
<input type="checkbox"/>	Federal Direct Subsidized Student loan
<input type="checkbox"/>	Private Loan Lender Name: _____
<input type="checkbox"/>	Federal Graduate PLUS loan
<input type="checkbox"/>	Federal Parent PLUS loan

**TERM** - Indicate with a check mark the applicable term(s):

<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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Additional Info/Notes: \_\_\_\_\_

**LOAN ACTION** - Indicate with a check mark the applicable action requested:

<input type="checkbox"/> Reduce loan amount to: \$ _____ (New loan amount)	<input type="checkbox"/> Cancel loan entirely	<input type="checkbox"/> Reduce to cover tuition and fees only Please indicate semester(s) applicable: _____
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Additional Info/Notes: \_\_\_\_\_

**REINSTATEMENT:** Complete this section if you previously had a Federal Direct Subsidized/Unsubsidized loan(s) that were canceled/rejected/unused, and you would like your loan(s) to be reinstated. (*circle applicable semester*)

Fall

Spring

Summer

Please select one of the following:

<input type="checkbox"/> Federal Direct Subsidized	<input type="checkbox"/> Cover tuition and fees only	<input type="checkbox"/> Reinstatement original loan amount \$ _____	New Total Amount: \$ _____
<input type="checkbox"/> Federal Direct Unsubsidized	<input type="checkbox"/> Cover tuition and fees only	<input type="checkbox"/> Reinstatement original loan amount \$ _____	New Total Amount: \$ _____

I understand that my request for a loan adjustment cannot be completed until the Office of Financial Aid has received my FAFSA, and cleared any outstanding requirements (Verification, Conflicting information, etc). I also understand that I must maintain half-time enrollment for all Federal student loans and will notify the Office of Financial Aid should I drop below that threshold.

By signing below I authorize the Office of Financial Aid to make these requested changes on my behalf.

Student Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (required for Parent PLUS loans only) \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_