SHENANDOAH UNIVERSITY
Financial Aid

STUDENT LOAN ADJUSTMENT FORM

To request an adjustment or cancellation of your student loan(s) this form must be completed. 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 or (540) 665-4538. NOTE: Loan adjustments may take between 7-10 business days to process.

_____ _____
Student Name **Student ID Number**

_____ ____2027-2028_____
SU Email **Academic Award Year**

NOTE: Complete only the section that applies to your adjustment request and write additional notes to provide clarification if needed

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

	Federal Direct Unsubsidized Student loan
	Federal Direct Subsidized Student loan
	Private Loan **Lender Name: _____**
	Federal Graduate PLUS loan
	Federal Parent PLUS loan

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

	Fall		**Spring**		**Summer**

Additional Info/Notes: _____

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

	Reduce loan amount to: **$_____** **(including origination fee)**		**Cancel loan entirely**		**Reduce to cover remaining balance only**		**Reallocate loan funds** **Semesters applicable:**

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:

	Federal Direct Subsidized		**Cover tuition and fees only**		**Reinstate original loan amount $_____**	**New Total Amount: $_____**
	Federal Direct Unsubsidized		**Cover tuition and fees only**		**Reinstate 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 (MUST be handwritten) **Student ID Number** **Date**

_____ _____
Parent Signature (required for Parent PLUS loans only) **Student ID Number** **Date**