

Please complete this form if you are requesting changes to your 2020-2021 Federal Direct Student Loans.

- All sections must be legibly completed in order to be appropriately processed.
- You must indicate the amount(s) and the term(s) for which you want the loans modified or cancelled.
- You must be enrolled in **six credit hours** or more to receive a Federal Direct Student Loan. For PSAV/Vocational programs you must be enrolled in 8 hours or more.
- Your requested loan amounts may be adjusted based on your cost of attendance to comply with federal regulations.

Student Information

Last Name _____	First Name _____	M.I. _____	Student SFSC ID _____
Phone Number _____	Date of Birth _____		

Loan Change Request. Select only one choice

I am requesting that my Federal Direct Student loans be changed on my account by the Financial Aid Office at South Florida State College. Please select one of the following options:

<input type="checkbox"/> Increase my loan for the additional amount of: <input type="checkbox"/> Subsidized Loan \$ _____ <input type="checkbox"/> Unsubsidized Loan \$ _____	<input type="checkbox"/> Decrease my loan in the amount of: <input type="checkbox"/> Subsidized Loan \$ _____ <input type="checkbox"/> Unsubsidized Loan \$ _____
<input type="checkbox"/> Re-offer my cancelled loan in the amount of: <input type="checkbox"/> Subsidized Loan \$ _____ <input type="checkbox"/> Unsubsidized Loan \$ _____	<input type="checkbox"/> Cancellation <input type="checkbox"/> Cancel Subsidized Direct Student Loans <input type="checkbox"/> Cancel Unsubsidized Direct Student Loans <input type="checkbox"/> Cancel All Direct Student Loans (<i>If this option is checked, please answer questions below.</i>) Are you transferring to another college? Yes No Are you graduating from SFSC? Yes No If yes, do you want to cancel All forms of Financial Aid including federal grants? Yes No

Select the term. Select only one choice

Note: Single-term loans are made in 2 equal disbursements. Two-term loans are made in 2 equal disbursement between the two terms.

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Fall/Spring |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Spring/Summer |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall/Spring/Summer |

Signature and Certification

By signing this form, I am authorizing the South Florida State College Office of Financial Aid to adjust the financial aid amounts on my account. I acknowledge that if I am not cancelling my loan, I must have a completed Master Promissory Note (MPN) and Entrance Counseling on file with SFSC and I am meeting Satisfactory Academic Progress (SAP) Standards in order for my request to be processed. I understand it takes a **minimum of 7-10 business days** to process. Processing may be longer during peak times.

Student Signature _____	Date _____
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Please submit all documents to: SFSC Financial Aid Office at 600 West College Drive, Building B, Avon Park, FL 33825
 OR E-mail: FinancialAid@southflorida.edu