WILLIAM D. FORD FEDERAL DIRECT LOANS
STATUS CHANGE FORM
ACADEMIC YEAR 2015 – 2016

1. I would like to increase my 2015-16 Subsidized Loan in the amount of
$________ for the following semester(s):  Summer 15____ Fall 15____ Spring 16____
please note: the dollar amount awarded will be divided equally per semester

2. I would like to increase my 2015-16 Unsubsidized Loan in the amount of
$________ for the following semester(s):  Summer 15____ Fall 15____ Spring 16____
please note: the dollar amount awarded will be divided equally per semester

3. I would like to reduce my 2015-16 Subsidized loan by $________ for the
_______ semester for the following reason(s):
_____________________________________________________

4. I would like to reduce my 2015-16 Unsubsidized loan by $________ for the
_______ semester for the following reason(s):
_____________________________________________________

5. I would like to cancel my 2015-16 Subsidized loan for the _____________ semester
in the amount of $________ for the following reason(s):
_____________________________________________________

6. I would like to cancel my 2015-16 Unsubsidized loan for the _____________
semester in the amount of $________ for the following reason(s):
_____________________________________________________

BORROWER CERTIFICATION: Your signature below certifies that you understand that if you reduce or
cancel your loan, you may be responsible for part or all of your tuition. Please note: you are responsible
for repayment of any and all loans. Your Annual Loan Limit Includes: Summer 15, Fall 15 and Spring 16.

Student’s Signature: ____________________________ Date: ____________
FOR OFFICE USE ONLY

Name of Program__________

Total Credits earned_______ as of___/___/____

Summer 15 (1)_____  
Summer 15 (2)_____  
Summer 15 (3)_____  
Summer 15 (4)_____  
Fall 15 ______  
Spring 2016 _____

ACADEMIC YEAR 2015-2016

1. Original loan amount: $ ____________ Subsidized  
   ____________ Unsubsidized  
   ____________ Plus

2. Revised loan amount: $ ____________ Subsidized  
   ____________ Unsubsidized  
   ____________ Plus

Signature of Financial Aid Counselor: __________________________ Date: ____________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________