

# LOAN ADJUSTMENT FORM 2020-2021



## Student Information

Last Name

First Name

CCAD ID or last 4 digits of SSN

I would like to make the following adjustment to my 2020-21 student/parent loan (choose one of the following):

- My parent's PLUS loan was not approved, so I want to borrow the maximum amount of my additional student loan eligibility (in the form of a Federal Direct Unsubsidized Loan)
- I have earned or transferred in additional credits advancing my class rank, so I want to borrow the maximum amount of my additional student loan eligibility (may be either Federal Direct Subsidized or Unsubsidized Loan as determined by results of the FAFSA)
- I wish to adjust my loans for another reason as indicated in the box below:

Type of Loan (check one)	Type of Loan Adjustment (check one)	By what \$ Amount?	Term(s) for Adjustment
<input type="checkbox"/> Federal Direct Subsidized Loan <input type="checkbox"/> Federal Direct Unsubsidized Loan <input type="checkbox"/> Federal Parent PLUS Loan <input type="checkbox"/> Federal Graduate PLUS Loan <input type="checkbox"/> Alternative/ Private Loan	<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE <input type="checkbox"/> CANCEL	\$	<input type="checkbox"/> FALL SEMESTER <input type="checkbox"/> SPRING SEMESTER <input type="checkbox"/> EQUALLY FALL & SPRING <input type="checkbox"/> SUMMER TERM

Please Note:

- Increases to Alternative/Private Loans cannot be accomplished with this form. Such a request would have to be made through your specific lender.
- Decreases to Federal Direct Subsidized, Unsubsidized, Parent PLUS and Graduate PLUS Loans can be accomplished with this form up to 14 days after the loans have disbursed to your student account. After that 14 day period, requests to decrease these loans may need to be made through your specific loan servicer.

## Certification and Signature(s)

Parent's signature is only required if a loan adjustment request is being made for a Parent PLUS Loan—otherwise, the student's signature is all that is needed. By signing this request, I/we recognize it is our responsibility to continue to monitor our outstanding loan balances and acknowledge the changes requested will impact my CCAD student account.

Student Signature

Date

Parent Signature (if applicable)

Date

**Return this form to:**  
**CCAD Student Central—Office of Financial Aid**  
**60 Cleveland Ave., Columbus, Ohio 43215**  
**Phone: 614-222-3295 | Fax: 614-222-4034**  
**financialaid@ccad.edu**