



## 2024-2025 LOAN CHANGE REQUEST

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### Student Information

Name \_\_\_\_\_ SJC ID# \_\_\_\_\_

E-Mail \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please choose one of the following preferred changes. Financial aid disbursements must be equal for all terms attending and may not exceed the total initial amount awarded.

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### A. Request to Cancel My Financial Aid:

I decline all Direct Student Loans for the entire 2024-25 academic year.

I decline all Direct Unsubsidized Student Loans for the entire 2024-25 academic year.

I decline all Nursing Student Loans for the entire 2024-25 academic year.

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### B. Request Specific Dollar Amount:

Please reduce my Direct Student Loans to disburse in the amount of \$\_\_\_\_\_ per term  
(not to exceed per term amount listed on your Financial Aid Offer Letter)

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### Acknowledgement:

By signing this form, I understand that my financial aid is based on eligibility requirements as defined by the Department of Education.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Return Completed Form to Financial Aid**