



2024-25 LOAN CHANGE FORM

COMPLETE WITH BLACK INK ONLY.
ELECTRONIC SIGNATURES ARE
NOT ACCEPTABLE ON THIS FORM.

Student Name _____ Student Rocket Number _____

Student Signature _____ Date _____

Student Telephone Number _____ (_____) _____

Please be aware that you will be responsible for payment of any balance due on your student account resulting from a loan reduction or cancellation.

Please reduce my Direct subsidized Loan from \$ _____ to \$ _____

Please reduce my Direct unsubsidized Loan from \$ _____ to \$ _____

Please reduce my Alternative Loan from \$ _____ to \$ _____

I would like additional Direct Loan funds in the following amount(s) for the following reason(s):

Subsidized Amount: \$ _____ Unsubsidized Amount: \$ _____

_____ I am at a higher academic level than what my loan funds were originally processed for.

_____ I turned down all or a portion of my loan(s) earlier, but I am now in need of additional funds. I understand that if I ask for only one term, I may not receive the entire amount that was shown on my original Award Notification.

_____ My parent was turned down for a PLUS Loan. He/she will not be appealing the decision, using an endorser, or asking for a credit override. I would like an unsubsidized loan processed for me.

_____ Other. Please explain: _____

I wish to have fewer funds or to use the additional funds for the following term(s). I understand that I must be enrolled at least half-time for every term circled to receive any funds.

| | | | |
|--|-------------|-----------|-------------|
| | Summer 2024 | Fall 2024 | Spring 2025 |
|--|-------------|-----------|-------------|

I wish to cancel the following loan disbursement(s). Please circle the appropriate term(s). NOTE: The student signature is required above if a disbursement has already been made.

| | | | |
|-------------------|-------------|-----------|-------------|
| Subsidized Loan | Summer 2024 | Fall 2024 | Spring 2025 |
| Unsubsidized Loan | Summer 2024 | Fall 2024 | Spring 2025 |
| Alternative Loan | Summer 2024 | Fall 2024 | Spring 2025 |

Check if applicable to you:

_____ I will no longer be attending The University of Toledo effective _____ term.

Office use only:

This information was collected

_____ over the telephone

_____ over the counter

By _____ Date _____

TO RETURN THIS FORM:

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

Fax to: 419.530.5835

Upload to: myUT.toledo.edu
"My Financial Aid"
"Secure Financial Aid Document Upload"