



2025-26 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 2025

Fall 2025

Spring 2026

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 2025 Fall 2025 Spring 2026

Unsubsidized Loan Summer 2025 Fall 2025 Spring 2026

Alternative Loan Summer 2025 Fall 2025 Spring 2026

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.utoledo.edu
"My Financial Aid"
"Secure Financial Aid Document Upload"