

Office of Student Financial Aid

1120 15th Street Augusta, GA 30912 Phone: 706-737-1524 Fax: 706-737-1777

FINANCIAL AID ADJUSTMENT FORM

Student Name:	Student ID:			
Please complete all applicable sections below, SIGN, date and return to the Augusta University Financial Aid Office.				
If Requesting Changes to a Parent PLUS, Parent's signature is also required				
Please indicate the term you wish to make changes (all students must complete this section):				
☐ Fall ☐ Spring	☐ Fall / Spring ☐ Spring / Summ	ner	☐ Summer ☐ Summer Session 3	
CANCELLATION REQUEST				
☐ I wish to cancel all of my financial aid (including grants and scholarship funds). ☐ I wish to cancel the following Federal Direct Loan(s): ☐ All loans ☐ Unsubsidized Loan ☐ Graduate PLUS ☐ Parent PLUS ☐ I wish to cancel my Alternative loan. ☐				
completed online at https://studentloans.gov Sign in, select 'Complete Counseling' and follow simple instructions to complete your exit counseling. Augusta University should receive an electronic confirmation within 48 hours after completion.				
I am not currently enrolled. Please re-package my aid for the following term (s): I wish to reinstate all of my financial aid (including grants and scholarship funds). I wish to reinstate my federal direct loan(s) for the amount listed below: Subsidized \$ Unsubsidized \$ Graduate PLUS \$ Parent PLUS \$				
LOAN ADJUSTMENT REQUEST				
 I am graduating in December. Please process my loan for the fall term only. I understand that my loan amount will be prorated based on my hours of enrollment. I wish to apply for \$ in additional Federal Direct Loan(s) due to grade level change. My grade level is now: ☐ Sophomore ☐ Junior ☐ Graduate My parent was denied a PLUS. I wish to apply for \$ in additional Unsubsidized funds. I wish to make the following change(s): 				
Subsidized Loan	Unsubsidized Loan	Graduate PLUS Loan	Private/Alternative Loan	 -
Increase By Decrease By			N/A	-
Other (please explain):]
			: :	