



# Undergraduate Direct Loan Change

2016 - 2017  
FINANCIAL AID

STUDENT NAME:

STUDENT ID:

13800 Biola Ave. | La Mirada, California 90639 | Phone: 562.903.4742 | Fax: 562.906.4541 | finaid@biola.edu | www.biola.edu/finaid

## PLEASE INDICATE THE CHANGE YOU WOULD LIKE TO MAKE

**INCREASE DIRECT LOAN**

Please Note: the Department of Education will deduct an origination fee from the amount you request.

I would like **add** this amount to my Direct Loan; I understand that if I am not eligible for subsidized funds, unsubsidized funds will be awarded.

Fall 2016 \$ \_\_\_\_\_

Spring 2017 \$ \_\_\_\_\_

Summer 2017 \$ \_\_\_\_\_

**DECREASE DIRECT LOAN**

I would like to **remove** this amount from my Direct Loan; I understand that unsubsidized funds will be decreased first.

Fall 2016 \$ \_\_\_\_\_

Spring 2017 \$ \_\_\_\_\_

Summer 2017 \$ \_\_\_\_\_

**CANCEL MY LOAN FOR**

Fall 2016

Spring 2017

Summer 2017

**ADDITIONAL INFORMATION** (if necessary)

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**UNSIGNED AND INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED.**

Sign and return this completed form to Financial Aid. Allow 3-5 business days for this form to be processed.

STUDENT SIGNATURE (REQUIRED):

DATE: