

FEDERAL DIRECT LOAN CHANGE FORM

Student's Name: _____ Academic Year: _____

Last four of SSN: _____ Program: _____

Instructions:

- Please use **whole dollar amounts (no cents)**.
- **Do not try to calculate loan origination fees. Enter amount of your adjustment.** EVMS Financial Aid will calculate the loan fee for the appropriate loan type (i.e., Direct Unsubsidized or Graduate PLUS). The amount of your change will be increased by the loan origination fee.
- **Submit to:** EVMS Financial Aid, P.O. Box 1980, Norfolk, VA 23501-1980, **FAX:** 757-446-7993, **EMAIL:** FINAID@EVMS.EDU, **Contact Phone number:** (757) 446-5804

INCREASE: I wish to increase my loan(s) equally over this Academic year as indicated. I have confirmed my remaining eligibility for each loan via my EVMS Online Financial Aid System (budget less aid already received). *If received within 2 weeks of the end of current term, request will be processed for next disbursement.*

INCREASE:

\$ _____ Direct Unsubsidized Loan and/or \$ _____ Direct Graduate PLUS Loan (most expensive)

DECREASE: *Submit immediately for a return OR two to four weeks before next disbursement date for decrease.*

DECREASE:

I wish to return funds in the amount of \$ _____ within 120 days of the date disbursed for this term.

I wish to reduce my loan(s) equally over remaining terms of this Academic year by \$ _____

DECLINE: I wish to decline my loan(s) as indicated by "X" for the remaining terms of this Academic year *Submit for 2 to 4 weeks prior to next disbursement. (Note: If submitted prior to first disbursement, this will cancel loan in its entirety).*

DECLINE: _____ Direct Graduate PLUS Loan (most expensive) and/or _____ Direct Unsubsidized Loan

Certification: I have reviewed the Federal Direct Loan Change Form and I understand my rights and responsibilities as a borrower. I hereby authorize EVMS Financial Aid to increase the amount indicated above by any associated origination fees. I wish to designate any return to my most expensive loan first, if applicable. I understand that Credit applications for Federal Direct Graduate PLUS Loans are valid for 180 days. IF necessary, I authorize by my signature below that EVMS Financial Aid can request the US Department of Education to complete a new credit application on my behalf for the sole purpose of assistance with any increase request, if applicable.

Please specify the **total** you wish your award amount to be for the **entire award year** after the change \$ _____

Student Signature: _____ Date: _____