

Student's Name _____
Last First

Student ID _____

I request that my education loan(s) are adjusted as follows for the 2024-25 academic year (choose one):

1. Divide my loan eligibility equally between the following sessions/terms of attendance (check all that apply):
 Fall 1 Fall 2 Spring 1 Spring 2 Summer
 Fall (16-week) Spring (16-week) Plainview Campus or BSN Only
2. I do not plan to borrow from any loan program. Please cancel my loans. Fall 2

			Spring 1	Spring 2	Summer
<input type="checkbox"/> Subsidized Direct Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> Unsubsidized Direct Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> Direct PLUS Loan	\$	\$	\$	\$	\$
<input type="checkbox"/> College Access Loan (CAL)	\$	\$	\$	\$	\$
<input type="checkbox"/> Private Education Loan	\$	\$	\$	\$	\$

Notes for Financial Aid Advisor:

Student Signature _____

Date _____