NORTHSHORE TECHNICAL COMMUNITY COLLEGE

Office of Student Financial Assistance

finaid@northshorecollege.edu

REQUEST FOR AID ADJUSTMENT OR CANCELLATION

INSTRUCTIONS:

Please complete the section(s) that apply to you. You were offered the maximum amount of Subsidized and/or unsubsidized loans for which you are eligible. You may view your awards on your LOLA account. If you would like to make adjustments to your existing loan or financial aid, please complete this form and submit to the Office of Student Financial Assistance. Please allow 5 to 7 business days to process your request. Request to cancel loans cannot be processed more than 60 days after the disbursement date.

Student Name: _____ **Student ID #:** _____ **Telephone Number:** _____

Subsidized Loan*

_____ **I request my subsidized loan to be reinstated**

_____ **I request an additional subsidized loan in the amount of $_____ for (Select One Below)**

Fall_____ Spring_____ Summer_____ Summer/Fall/Spring_____ Fall/Spring_____

_____ **I request my total subsidized loan to be decreased to $_____ for (Select One Below)**

Fall_____ Spring_____ Summer_____ Summer/Fall/Spring_____ Fall/Spring_____

_____ **I request my subsidized loan to be cancelled**

Unsubsidized Loan*

_____ **I request my unsubsidized loan to be reinstated**

_____ **I request an additional unsubsidized loan in the amount of $_____ for (Select One Below)**

Fall_____ Spring_____ Summer_____ Summer/Fall/Spring_____ Fall/Spring_____

_____ **I request my total unsubsidized loan to be decreased to $_____ for (Select One Below)**

Fall_____ Spring_____ Summer_____ Summer/Fall/Spring_____ Fall/Spring_____

_____ **I request my unsubsidized loan to be cancelled**

Financial Aid

I would like to cancel the following aid:

_____ **Pell Grant** _____**Seog Grant** _____**Student Loans** _____**TOPS** _____**All Financial Aid**

Indicate the term and year to be cancelled. Select all that apply

Semester/Year: Fall_____ Spring_____ Summer_____ FY_____

Student Signature: _____ **Date:** _____