



Federal Direct Loan Adjustment Request Form 2024-2025

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| Student Name | LincolnU ID# | Phone Number |
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| Are you currently attending or planning to attend another university anytime during 2024-2025? YES <input type="radio"/> NO <input type="radio"/> Where? _____ | I expect to graduate in (Month/Year): _____ |
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INCREASE LOAN

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| <input type="radio"/> | Previously Declined Loans: I previously declined part or all of my loans and would like to have them reinstated. |
| <input type="radio"/> | Other (please specify): _____ |
| <input type="radio"/> | Please offer the maximum Stafford loan eligibility for the entire academic year or as specified below: _____ |

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|--|---|---|
| Fall Semester 2024 (August 22- December 10, 2024) \$ <input type="text"/> | Spring Semester 2025 \$ <input type="text"/> (January 17- May 6, 2025) | Summer Semester 2025 \$ <input type="text"/> (May 31- July 26, 2025) |
|--|---|---|

I understand:

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| <input type="text"/> Initials | <ol style="list-style-type: none"> There is a 1.059% origination fee withheld from each disbursement; and Signing this form constitutes an acceptance of any additional loan offer. |
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REDUCE/ CANCEL LOAN

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| <input type="radio"/> | I would like to REDUCE my Direct Stafford Loan to the amount listed below. |
| <input type="radio"/> | I would like to CANCEL my Direct Stafford Loan. |

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| Fall Semester 2024 (August 22- December 10, 2024) \$ <input type="text"/> | Spring Semester 2025 \$ <input type="text"/> (January 17- May 6, 2025) | Summer Semester 2025 \$ <input type="text"/> (May 31- July 26, 2025) |
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PLEASE NOTE THE FOLLOWING BEFORE SUBMITTING THIS REQUEST

- This adjustment request cannot be processed unless the data from your valid 2024-2025 Free Application for Federal Student Aid (FAFSA) is on file at Lincoln University.
- You must enroll for 6 or more undergraduate credit hours (5 or more graduate credit hours) per semester.
- Your maximum estimated Stafford eligibility may be found on your Financial Aid Offer Letter via the Self-Service.
- You are encouraged to borrow only the amount needed to pay your educational and living expenses.

By signing this form you agree, if asked, to provide information that will verify the accuracy of the form. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature & Date

Print your Name and Student ID Number on ALL Documents ■ Return this form with all documents attached to:
 Student Financial Services ■ 820 Chestnut St., 103 Young Hall ■ Jefferson City, MO. 65101
 By Fax ■ (573) 681- 5871