

Financial Aid Office

Direct Loan "Change" Request Sheet

COASTAL ALABAMA COMMUNITY COLLEGE

**Financial Aid
Central Processing Office
1900 Highway 31 S
Bay Minette, AL 36507
Phone: 251-580-2151
Fax: 251-580-2182**

Email: financial_aid@coastalalabama.edu

Directions: Students must complete this form if they wish to increase a loan that has already been processed. If you are applying for a loan for the first time, then you will not complete this form; instead you must complete the Direct Loan Request Sheet. *Please complete and return to the Office of Financial Aid*

Name: (PRINT) Last _____ First _____ M _____

Student ID Number (not Social Security number) _____

Street/P.O. Box _____ City _____

State _____ Zip _____ Home Phone: () _____

Are you a dorm student (Yes___) (No___) If so what is room number: _____ Anticipated Graduation Date _____

Year in college (check one): The highest level loan allowed is a second year level at community colleges. Accepted transfer in credits count towards federal financial aid eligibility.

- ___ First Year Never Attended (zero credits earned (completed successfully))
- ___ First Year Attended Before (credits greater than 1 and less than 32 earned and completed successfully)
- ___ Second Year (to be a second year you have had to earn and completed successfully 32 credits or greater)

I am completing this form because I am: (please check one; incomplete forms will not be processed)

- ___ requesting an increase of the current loan
- ___ requesting additional subsidized or unsubsidized loans due to advancement to the next academic level
- ___ requesting additional unsubsidized eligibility due to Parent Plus Loan Denial

The amounts written below should reflect the amount of the increase or decrease for the appropriate semester and loan type.

Fall: Subsidized: \$ _____ Unsubsidized: \$ _____

Spring: Subsidized: \$ _____ Unsubsidized: \$ _____

Summer: Subsidized: \$ _____ Unsubsidized: \$ _____

Total: Subsidized: \$ _____ Total: Unsubsidized: \$ _____

Note: the totals should equal the total of each semester for each type of loan requested.

I have the right to cancel or reduce the loan amount at any time by COMPLETING A Right to Cancel Loan form located on http://www.coastalalabama.edu/financial_aid/forms/.

Signature: _____ Date: _____

OFFICE USE ONLY:

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