



2024-2025 Federal Direct Loan Adjustment Request Form

Please complete this form if you wish to reduce, increase, or cancel your current Federal Direct Loan. By completing and signing this form, you authorize the College of Southern Maryland to change your requested loan amount with the U.S. Department of Education.

This form must be returned within fourteen days of receipt to ensure we comply with your intent to adjust the amount of your Federal Direct Loan.

STUDENT INFORMATION

Last Name _____

First Name _____ Middle Initial _____

Social Security Number/Student ID _____

_____ Please *reduce* my Federal Direct Loan to a **TOTAL** of \$ _____ for 2024-2025 academic year. (Do not list only amount of decrease)

_____ Please *increase* my Federal Direct Loan to a **TOTAL** of \$ _____ for 2024-2025 academic year. (Do not list only amount of increase)

_____ Please *cancel* the entire Federal Direct Loan (Subsidized and Unsubsidized) that was offered in my Financial Aid Notification. I am declining my Federal Direct Loans.

Student Signature _____

Date _____