

## LOAN CHANGE REQUEST FORM

Student Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

CBC ID: \_\_\_\_\_

- I want to **increase** my student loan for Fall /Spring by the following amount \$ \_\_\_\_\_
- I want to **decrease** my student loan for Fall/Spring by the following amount \$ \_\_\_\_\_
- I want to **cancel** my subsidized / unsubsidized / ALL student loan (**circle one**).

I understand that by submitting this form (please initial each statement):

\_\_\_\_ Coastal Bend College will certify my eligibility for my request to the extent that I am ELIGIBLE according to institutional and federal policies. The amount I receive may be less than what I have requested.

\_\_\_\_ I realize that certain increases may result in being awarded an UNSUBSIDIZED loan.

\_\_\_\_ I realize that student loan changes may take 5 business days to be processed by the loan officer.

\_\_\_\_ I realize I cannot be awarded over the cost of attendance as set by Coastal Bend College.

\_\_\_\_ I realize I will not be eligible for loans if I completely withdraw from classes or go below half time enrollment.

### CERTIFICATION:

By signing below I certify that the information submitted here is true and correct and I intend to use these funds for their intended purpose and according to the rules and regulations set forth by the Department of Education. I further certify that I understand it is my responsibility as the borrower to complete my Master Promissory Note (MPN) and entrance counseling online. If I fail to complete the MPN/entrance counseling, I understand that I will not receive any type of Direct Loan funds.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date