

LOAN CHANGE REQUEST FORM

Name: _____ Phone Number: (____)____-____

CBC Student ID/SSN: _____

I want to **increase** my student loan by the following amount \$ _____

I want to **decrease** my student loan 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 must have completed my MPN (Master Promissory Note) and entrance counseling online at www.studentloans.gov **before** student loan funds can be disbursed.

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