

Signature: _____ Date: _____

318.797.5363 (Fax) 318.797.5366 One University Place Shreveport, LA 71115-2399 finaid@lsus.edu

2025-2026 Aid Adjustment Request

(Please Print in Ink) Cell Phone #:		Email Address:			
Changes can be	otes:. to two weeks for requests to be pro viewed on myLSUS>Financial Aid> A borrowers at LSUS must complete En	wards. Loan cancellation/reduct			
☐Cancel Aid for the following semester(s):			□ Fall AP1/1C □ Spring AP1/1C □ Summer AP1/1C		
□ All Aid	☐Direct Unsubsidized Loan	☐Direct Subsidized Loan	□PLUS Loan		
☐Reduce loa	an to <u>tuition and fees only</u> . Mu	ıst include # of hours for ea	ch session/semester	below:	
Traditional Students		Accelerated Online Students			
☐Fall Traditional # hours		☐Fall AP1/1C # hou	rs 🖵 Fa	☐Fall AP2/1D # hours	
☐Spring Traditional # hours		□Spring AP1/1C # hours □Spring		oring AP2/1D # hours	
□Sur	mmer Traditional # hours	☐Summer AP1/1C #	hours	ımmer AP2/1D # hours	
Reduce loar	n(s) to: \$ for t	the following sessions/semeste	ers		
☐I would like	tudent loans: the maximum loan amount for the ount if less than maximum amoun	·		semesters checked below:	
Tradi	itional Students	Accelerated Online Stu	ıdents		
_	Traditional	☐Fall AP1/1C	☐Fall AP2/10)	
☐Spring Traditional		☐Spring AP1/1C	☐Spring AP2/1D		
☐Summer Traditional		☐Summer AP1/1C	☐Summer AP2/1D		
□Direct Uns	subsidized Loan Direct Su	ubsidized Loan	Loan		
☐ Previousl	e my loan due to: y said NO to loans Paid previo	•	n documents	eased hours	