2020-2021 Aid Adjustment Request

Name: ___________________________________________ Student ID #: ______________________
(Please Print in Ink)
Cell Phone #: __________________________ Email Address: ________________________________

Important Notes:
- Please allow up to two weeks for requests to be processed.
- Changes can be viewed on myLSUS>Financial Aid> Awards. Loan cancellation/reductions may take up to two weeks to reflect with your loan servicer.

Cancel Aid for the following semester(s):

- Fall
- AP1/1C
- AP2/1D
- Spring
- AP1/1C
- AP2/1D
- Summer
- AP1/1C
- AP2/1D

- All Aid
- Direct Unsubsidized Loan
- PLUS Loan
- Direct Subsidized Loan
- Work-Study

Request Aid for the following semester(s):

- Fall
- AP1/1C
- AP2/1D
- Spring
- AP1/1C
- AP2/1D
- Summer
- AP1/1C
- AP2/1D

I will take # hours per semester.

_____ Fall/AP1/1C  _____ Fall AP2/1D
_____ Spring/AP1/1C  _____ Spring AP2/1D
_____ Summer/AP1/1C  _____ Summer AP2/1D

(Choose all that apply):

- Work Study Program – Student must have financial need and cumulative GPA of UG ≥ 2.0 or GR ≥ 3.0.
- Federal Direct Loan – Requesting the eligible maximum loan amount.

<table>
<thead>
<tr>
<th>Dependent:</th>
<th>Freshman: $5,500</th>
<th>Sophomore: $6,500</th>
<th>Junior/Senior: $7,500</th>
<th>Lifetime: $31,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent:</td>
<td>Freshman: $9,500</td>
<td>Sophomore: $10,500</td>
<td>Junior/Senior: $12,500</td>
<td>Lifetime: $57,500</td>
</tr>
<tr>
<td>Graduate:</td>
<td>$20,500</td>
<td></td>
<td></td>
<td>Lifetime: $138,500</td>
</tr>
</tbody>
</table>

- Award loan(s) for: $____________________
  Indicate amount if less than maximum amount. The total amount will be split into equal disbursements for the above requested term(s).

- Reduce loan for tuition and fee charges ONLY.
  For the term(s) you requested above.

- Reduce loan(s) to: $____________________
  The total amount will be split into equal disbursements for the above requested term(s).

Comments: _____________________________________________________________________________________________

I must submit an additional request if my enrollment plans change. I understand aid will be adjusted on based on the request made on the form above. I understand that I have given permission to the Financial Aid Office to make these adjustments to my aid and then apply the aid (excluding work-study) to pay any current balance.

Signature: ___________________________________________ Date: _____________________