Financial Aid

2021-2022 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.
- First-time loan borrowers at LSUS must complete Entrance Counseling and Master Promissory Note at studentaid.gov.

☐ 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 \( \geq 2.0 \) or GR \( \geq 3.0 \).
☐ Federal Direct Loan – Requesting the eligible maximum loan amount.

<table>
<thead>
<tr>
<th></th>
<th>Dependent: 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: _______________________________