### 2022-2023 Aid Adjustment Request

**Name:** 
(Please Print in Ink)

**Student ID #:** 

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

#### All Aid
- Direct Unsubsidized Loan
- Direct Subsidized Loan
- PLUS Loan

#### Reduce loan(s) to tuition and fees only.
Must include # of hours for each session/semester below:

<table>
<thead>
<tr>
<th>Traditional Students</th>
<th>Accelerated Online Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Traditional #___ hours</td>
<td>Fall AP1/1C #___ hours</td>
</tr>
<tr>
<td>Spring Traditional #___ hours</td>
<td>Spring AP1/1C #___ hours</td>
</tr>
<tr>
<td>Summer Traditional #___ hours</td>
<td>Summer AP1/1C #___ hours</td>
</tr>
</tbody>
</table>

Reduce loan(s) to: $_______________ for the following sessions/semesters________________________________

#### Requesting student loans:
- I would like the maximum loan amount for the semester/sessions checked below:
- OR
- Indicate amount if less than maximum amount: $_______________ split evenly for the sessions/semesters checked below:

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</table>

#### Resinstate my loan due to:
- Re-enrollment
- Paid previous balance
- Completed loan documents
- Increased hours

Please list any other request/information update that was not covered in the above choices:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

I must submit an additional request if my enrollment plans change. I understand my aid will be adjusted 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:** ____________________