LSUS | Financial Aid

318.797.5363
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One University Place
Shreveport, LA 71115-2399
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2022-2023 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 Traditional	❏Fall AP1/1C	❏Fall AP2/1D
❏Spring Traditional	❏Spring AP1/1C	❏Spring AP2/1D
❏Summer Traditional	❏Summer AP1/1C	❏Summr AP2/1D

❏All Aid   ❏Direct Unsubsidized Loan   ❏Direct Subsidized Loan   ❏PLUS Loan

❏**Reduce loan to <u>tuition and fees only</u>. Must include # of hours for each session/semester below:**

Traditional Students   *Accelerated Online Students*
❏Fall Traditional #____ hours   ❏Fall AP1/1C # ____ hours   ❏Fall AP2/1D # ____ hours
❏Spring Traditional #____ hours   ❏Spring AP1/1C # ____ hours   ❏Spring AP2/1D #____ hours
❏Summer Traditionl #____ hours   ❏Summer AP1/1C #____ hours   ❏Summer AP2/1D #____ hours

❏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:

Traditional Students   *Accelerated Online Students*
❏Fall Traditional   ❏Fall AP1/1C   ❏Fall AP2/1D
❏Spring Traditional   ❏Spring AP1/1C   ❏Spring AP2/1D
❏Summer Traditionl   ❏Summer AP1/1C   ❏Summer AP2/1D

❏**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: _____