2023-2024 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
  - 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 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 #</td>
<td>Fall AP1/1C #</td>
</tr>
<tr>
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<td>Spring AP1/1C #</td>
</tr>
<tr>
<td>Summer Traditional #</td>
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</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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☐ 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: __________________