COASTAL CAROLINA UNIVERSITY

FACLRF
Loan Request/Adjustment Form
2014-2015

For Office Use Only:
Initials: _____ Date: _____

Student's Name_____ Student ID# _____

Date _____ Current Phone Number _____

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1. I authorize Coastal Carolina University to: *Please select your request below.

☐ **Reduce** my:

Subsidized Stafford Loan to total amount of $ _____

Unsubsidized Stafford Loan to total amount of $ _____

Private Loan to total amount of $ _____

********** OR **********

☐ **Increase or Reinstate** my:

Subsidized Stafford Loan to the total amount of $ _____

Unsubsidized Stafford Loan to the total Amount of $ _____

My grade level has increased. I wish to increase my Stafford Loan.

********** OR **********

☐ My Parent was denied a Parent PLUS Loan and I wish to receive an additional Unsubsidized Stafford Loan.

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2. Apply adjustment to term:

☐ Fall and Spring ☐ Summer ☐ Fall Only ☐ Spring Only

Please tell us why you are requesting a loan adjustment:

_____

_____

3._____

Signature **Date**

Fax form to 843-349-2347 or mail to: Financial Aid and Scholarships, 140 Kingston Hall, PO Box 261954 Conway SC 29528-0654