FACLRF
Loan Request/Adjustment Form
2016-2017

For Office Use Only:
Initials: __________ Date: __________

Student’s Name_____________________________ Student ID# ________________
Date __________________ Current Phone Number _________________________

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

   Reduce my:
   Subsidized Direct Loan to total amount of $ __________________________
   Unsubsidized Direct Loan to total amount of $ __________________________
   Private Loan to total amount of $ __________________________

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

   Increase or Reinstatement my:
   Subsidized Direct Loan to the total amount of $ _________________
   Unsubsidized Direct Loan to the total Amount of $ _________________
   My grade level has increased. I wish to increase my Direct Loan.

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

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

2. Apply adjustment to term:
   Summer   Fall Only   Spring Only

   Fall and Spring

   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, 219 Baxley Hall, PO Box 261954 Conway SC 29528-0654