2016-2017 FINANCIAL AID ADJUSTMENT FORM

Student Name: ___________________________________________  Student ID: ___________________

Any requests to increase loans will be applied in first to your maximum eligibility for subsidized Federal Direct Stafford Loans and any remaining (if applicable) in your maximum eligibility for unsubsidized Federal Direct Stafford Loans. Staffor, Perkins and PLUS Loan borrowers have 14 days from the bill date of disbursement to cancel all or a portion of the loan. Please notify the Bursar’s Office at 260 481-6824. Repayment of the loan disbursement will be required to honor your request.

☐ Increase my Federal Direct Stafford Loan to  
Decreasing loans that have already disbursed to your account need to be paid back to the Bursar’s office first.  $___________________

☐ Decrease

☐ Cancel my Federal Direct Stafford Loan  
Canceling loans that have already disbursed to your account need to be paid back to the Bursar’s office first.  ☐ Fall Semester

☐ Cancel my future financial aid for the following semesters:  
☐ Fall Semester

☐ Spring  
☐ Summer  

(This includes Grants, Loans and Scholarships.)

☐ Fall Semester

☐ Spring  
☐ Summer

Other Requests:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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I understand by signing below I’m asking the IPFW Office of Financial Aid to make the above indicated adjustments to my IPFW financial aid account. Any loan money accepted above your eligibility for subsidized federal direct Stafford loans will be accepted in unsubsidized federal direct Stafford loans. I further understand that making these adjustments may cause changes to my IPFW student bill, and that it is my responsibility to ensure my student bill is paid in full with the IPFW Office of the Bursar after these adjustments are processed to my financial aid account.

Student Signature: ___________________________________________ Date Signed: ___________________