

A Graduate School of Education, Health & Psychology

2025-2026 Loan Change Form

Student Name: _____ TCID: _____ Phone: _____

f your credit was denedit Counseling to retions below for you Multiple semeste YOUR LOAN ADJUSTICE If you are requented.	our loan change requeers: Fall/Spr,	proved with a credit appeal
tions below for yo Multiple semeste YOUR LOAN ADJ	t check on file, the Office nied and you are then ap eceive PLUS Loan funds our loan change reque ers: Fall/Spr,	e of Financial Aid will proved with a credit appeal
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1	_	or cancellation:
term(s) you specify the t across all te	ecrease/cancellation red have indicated on this terms, your loan will be erms of enrollment (e.g. essed for \$5,000 in fall	form. If you do not processed evenly , a \$10,000 decrease
you must re 45 days fron decrease or	equest a decrease or ca m the disbursement dat r cancellation may resul	ncellation <u>no later than</u> te. Please note that this It in a balance. Any
	you must re 45 days from decrease on balance inc	you must request a decrease or ca 45 days from the disbursement dat decrease or cancellation may resu balance incurred must be paid dire