

Office of Financial Aid

1200 North DuPont Highway
Dover, DE 19901
302.857-6250
302.857.6251 (fax)
email: finaiddocs@desu.edu
website: desu.edu/financialaid



Full Name _____

ID Number _____

Alternative Loan Change Form

I authorize Delaware State University's Office of Financial Aid to increase/decrease/change my **Alternative Loan** by the amount listed below. By completing this form, I understand that I am responsible for the total repayment of the amount processed for this loan, and that the increase/decrease/change must be approved by the lender. I understand that the loan may not be processed for the entire amount requested due to Delaware State University's Cost of Attendance Policy and that this form must be completed and signed in order to be processed. I also understand that the best practice is to apply for the full year (Fall/Spring) to avoid any future payment issues.

I am fully aware that my requested **Alternative Loan** increase/decrease will not be increased in the following circumstances:

- If I have reached the maximum allowable Cost of Attendance amount
- If my **Alternative Loan** increase/decrease has not been approved by my Lender
- If there are changes made to my Loan Amount, that any other request and or changes may require a new application with my Lender
- If I have not completed this form in it's entirety

Student Social Security Number _____

Student Email Address _____

Current Lender _____

Current Loan Period _____

Current Amount _____

Increase/Decrease/Loan Period Changes Needed _____

Reason for the Change _____

Certification

I certify that I have read and fully understand the above agreement. I also understand that my application and request must be approved by the Lender.

Borrower's Name (Please Print) _____

Date _____ / _____ / _____

Borrower's Signature _____

Signature of Financial Aid Representative _____

Date _____ / _____ / _____