

**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 \_\_\_\_\_

**W. D. Ford Direct Loan Change Form**

Permanent Mailing Address (include Apt #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (include area code) \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_ Date \_\_\_\_\_

School Email Address \_\_\_\_\_ Personal Email Address \_\_\_\_\_

By completing this form, I understand that I am responsible for the total repayment of the amount processed for this loan. I also understand that the loan may not be processed for the entire amount requested due to Delaware State University's Cost of Attendance Policy. NOTE: After the 1<sup>st</sup> change request, all subsequent adjustments will be approved on a case by case basis. I authorize Delaware State University's Office of Financial Aid to make the following adjustment to my Federal Direct Stafford Loan:

I require the change for the Fall Semester  Spring Semester  Full Year

I am a Graduate Student  Undergraduate Student,  and I have registered for \_\_\_\_\_ credits.

I would like to REINSTATE my  Federal Direct Subsidized Stafford Loan  Federal Direct Unsubsidized Stafford Loan  
I would like to CANCEL my  Federal Direct Subsidized Stafford Loan  Federal Direct Unsubsidized Stafford Loan

I would like to INCREASE my Federal Direct Subsidized Stafford Loan to \$ \_\_\_\_\_  
Federal Direct Unsubsidized Stafford Loan to \$ \_\_\_\_\_  
I would like to DECREASE my Federal Direct Subsidized Stafford Loan to \$ \_\_\_\_\_  
Federal Direct Unsubsidized Stafford Loan to \$ \_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information reported is complete and correct to the best of my ability. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Borrower's Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Borrower's Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_