



Soka University of America – Office of Financial Aid
Direct Loan Change Request

**LOAN
2014-2015**

Please complete all fields on this form using a black or blue ink pen. Incomplete forms will be returned to you and will cause a delay in processing your financial aid application.

SUA ID#: _____ Fall 2014 Spring 2015

Name: _____
Last First M.I.

Please complete only applicable boxes to process your requests. You may check more than one box for each section as needed.

1. I am requesting for the following loan(s):

- Subsidized Loan
- Unsubsidized Loan
- Parent PLUS Loan
- Graduate PLUS Loan

2. To be:

- Cancelled (I accidently accepted my loan)
- Re-offered (I accidently declined my loan) in the amount of:
 - \$ _____
 - Maximum eligible amount
- Returned to the lender* (*please attach check if applicable*)

** If the borrower returns loan funds to SUA within 120 days from the disbursement date, the borrower is not responsible for the loan fees and accrued interest. After 120 days, students must contact their loan servicer to return the loan.*

3. Other Comments or Notes for Clarification:

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)

____/____/____
Date

Parent Signature (Only for Parent PLUS Loan Requests)

____/____/____
Date