

Financial Aid Office

University of South Carolina Lancaster

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<http://usclanaster.sc.edu/finaid/index.html>

DIRECT STAFFORD LOAN ADJUSTMENT

Student's Name _____ SSN _____
Please Print Last Four Numbers Only

Student loan borrowers have the option to reduce or cancel their student loan at any time with the Financial Aid Office prior to the disbursement of the loan. All adjustments to loans must be submitting in writing.

Borrower Options:

I. To **fully accept a loan**, please check the loan(s) that you would like to be accepted. Loans that are **fully accepted** will be approved for the entire academic year (Fall, Spring, Summer). The loan will be sent to the Department of Education for approval, and after three days will be available to apply towards the student's bill.

- Direct Subsidized Loan Direct PLUS Loan
 Direct Unsubsidized Loan

II. To **fully decline a loan**, please check the loan(s) that you would like to be cancelled. Loans that are **fully declined** will be removed from the student's account for the entire academic year (Fall, Spring, Summer).

- Direct Subsidized Loan Direct PLUS Loan
 Direct Unsubsidized Loan

III. To **reinstate a loan**, please check the loan(s) that you would like to be reinstated.

- Direct Subsidized Loan Direct PLUS Loan
 Direct Unsubsidized Loan

Please note that the financial aid office will reinstate the loan to the original amount. If you wish to reduce the loan, you will need to indicate the amount under section III.

IV. To **reduce a loan**, please check the loan(s) that you would like to be **reduced**. Then, indicate the new loan amount. For full year students, the loan amount will be reduced for the entire loan period.

Loan Amount

- Direct Subsidized Loan _____
 Direct Unsubsidized Loan _____
 Direct PLUS Loan _____

By signing this form, you acknowledge and understand that adjustments will be made by the USC Lancaster Financial Aid Office in accordance with the Federal Title IV Regulations.

Student Signature

Date

Financial Aid Office Use Only

Student SSN

Processed By _____

Printed Name

Date

Signature