

NAME: _____ GAC ID: _____ DATE: _____

Please indicated the change(s) you would like made to your Stafford Loan(s):

SUBSIDIZED LOAN:

- _____ I decline my loan. I understand it is my responsibility to contact the Office of Student Financial Assistance should I choose to borrow this loan.
- _____ Please reduce my loan to \$_____.
- _____ Disburse half the loan immediately and the balance at the beginning of second semester.
- _____ Disburse the entire loan at the beginning of second semester.
- _____ Reinstate the subsidized loan that was previously declined. I accept \$_____ of my loan.
Unless otherwise indicated this loan will be disbursed in two disbursements.

UNSUBSIDIZED LOAN:

- _____ I decline my loan. I understand it is my responsibility to contact the Office of Student Financial Assistance should I choose to borrow this loan.
- _____ Please reduce my loan to \$_____.
- _____ Disburse half the loan immediately and the balance at the beginning of second semester.
- _____ Disburse the entire loan at the beginning of second semester.
- _____ Reinstate the unsubsidized loan that was previously declined. I accept \$_____ of my loan.
Unless otherwise indicated this loan will be disbursed in two disbursements.

MAKE YOUR LIFE COUNT