



Loan Change Form 2017-2018

Last Name	First Name	Student ID
Email Address	Phone Number	

Provide the following information to the Financial Aid Office.

Decrease loan by the amount listed	Fall	Spring
Direct Stafford	\$	\$
Work-study award	\$	\$

Increase loan by the amount listed	Fall	Spring
Direct Subsidized Stafford	\$	\$
Direct Unsubsidized Stafford	\$	\$
Other:	\$	\$

Cancel loan	List Semester(s)
Direct Subsidized Stafford	
Direct Unsubsidized Stafford	
Other	

List your anticipated NHCC graduation date: (semester/year): _____

Comments: _____

I understand that I have the right to cancel or reduce any student loan amount by making the request in writing to the Financial Aid Office within 14 days of the loan disbursing.

Student Signature Date