

2026-2027 Loan Change Request Form

If you would like to adjust your federal student loan(s), you may do so by completing and submitting this form to the Office of Financial Aid. **Please note that any balance resulting from your requested loan change(s) will be due by published payment due dates and could be subject to late fees.**

Student Name: _____ Student ID: _____

SSN: _____ Cell Phone Number: _____

Please take the following action for the loan period indicated below (**CHECK ONLY ONE**):

☐ Full Year 2026/2027 ☐ Fall '26 only ☐ Spring '27 only ☐ Summer '27 only

Subsidized Federal Direct Loan: Choose **one** of these three options:

- | | |
|--|----------|
| ☐ Increase my previously reduced loan to the following gross amount | \$ _____ |
| ☐ Reduce my previously accepted loan to the following gross amount | \$ _____ |
| ☐ Reinstate my previously declined loan for the following gross amount | \$ _____ |
| ☐ Decline my previously accepted and undisbursed loan | |

Unsubsidized Federal Direct Loan: Choose **one** of these three options:

- | | |
|--|----------|
| ☐ Increase my previously reduced loan to the following gross amount | \$ _____ |
| ☐ Reduce my previously accepted loan to the following gross amount | \$ _____ |
| ☐ Reinstate my previously declined loan for the following gross amount | \$ _____ |
| ☐ Decline previously accepted and undisbursed loan | |

Graduate PLUS Federal Direct Loan: Choose **one** of these three options:

- | | |
|--|----------|
| ☐ Increase my previously reduced loan to the following gross amount | \$ _____ |
| ☐ Reduce my previously accepted loan to the following gross amount | \$ _____ |
| ☐ Reinstate my previously declined loan for the following gross amount | \$ _____ |
| ☐ Decline previously accepted and undisbursed loan | |

Alternative Loan:

- | | |
|--|----------|
| ☐ Reduce my loan to the following amount | \$ _____ |
| ☐ Reinstate my previously declined loan for the following gross amount | \$ _____ |
| ☐ Cancel my loan. | |

My signature authorizes the Office of Financial Aid to decline, increase or reinstate my loan(s) as indicated above. I understand that any reduction or cancellation of my loan(s) may affect the amount owed on my University account. **I understand I am responsible for paying the balance owed to Queens if a balance results from my request.**

Student Signature: _____ Date: _____

Office of Financial Aid Signature: _____ Date: _____