2015-16 FINANCIAL AID ADJUSTMENT REQUEST FORM

Student Name: ___________________________________________  IPFW Student ID: _______________________

Please complete any of the following sentences. Loan money that has already paid to your account needs to be paid back to the Bursar’s office in order for us to decrease or cancel your loan.

☐ Increase

my Federal Direct Stafford Loan by $____________________

☐ Decrease

☐ Increase

my Parent Plus Loan by $____________________

☐ Decrease

☐ Cancel my financial aid for

☐ Fall

☐ Spring

☐ Summer

semester.  (This includes Grants, Loans and Scholarships.)

Other Requests:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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_________________________________________________________________________________

_________________________________________________________________________________

I understand by signing below I’m asking the IPFW Office of Financial Aid to make the above indicated adjustments to my IPFW financial aid account. Any loan money accepted above your eligibility for subsidized federal direct Stafford loans will be accepted in unsubsidized federal direct Stafford loans. I further understand that making these adjustments may cause changes to my IPFW student bill, and that it is my responsibility to ensure my student bill is paid in full with the IPFW Office of the Bursar after these adjustments are processed to my financial aid account.

Student Signature: ___________________________________________  Date Signed: _______________________  

**Parent Signature: ___________________________________________  Date Signed: _______________________  

(**Parent signature only required for Parent PLUS Loan adjustments)