2019-2020 Direct Loan Revision Request Form

Please select one of the options below and check all terms and loans that apply to your request:

**All PLUS Loan requests require a parent signature**

☐ Cancellation of Loans:
I would like to cancel my loans for the term(s) of: ___ Fall, 2019 ___ Spring, 2020 ___ Summer, 2020
Please select the loan(s) to be cancelled: ___ All loans ___ Subsidized ___ Unsubsidized ___ PLUS

☐ Reinstatement of Previously Declined Loans:
I would like to reinstate my loans for the term(s) of: ___ Fall, 2019 ___ Spring, 2020 ___ Summer, 2020
Please process this amount: $___ Subsidized $___ Unsubsidized $___ PLUS

☐ Reduction of Loans:
I would like to reduce my loans for the term of: ___ Fall, 2019 ___ Spring, 2020 ___ Summer, 2020
Loans to be reduced: ___ Subsidized ___ Unsubsidized ___ PLUS
Please process this amount: $___ Subsidized $___ Unsubsidized $___ PLUS

☐ Increase Loans: (Your option must be shown updated in Registrar’s Office)
I would like to increase my loan due to a change in my grade level. I now have enough hours to be classified as a:
___ Sophomore (30-59 credits) ___ Junior/Senior (60+ credits) ___ Graduate Student

☐ Parent PLUS Loan Denied: (**Parent must certify and sign below**)
I would like additional unsubsidized loan eligibility processed based on PARENT PLUS credit check denial.
Please process: ___ Max Eligibility OR Specify an amount $___

☐ The option I need related to my loan(s) is not listed. Please do the following:

_________________________________________________________________

I understand the loan changes I have requested and that I will be responsible to meet the terms of the loan in addition to meeting any financial obligations to the university that may arise due to my specific request.

Student Signature (Required) _________________ Date __________________

**PARENT CERTIFICATION**

Your parent MUST sign below and certify (Check Box) the following statement for additional unsubsidized loan request:

☐ I will NOT pursue an endorser or appeal credit DENIED decision.

Parent Signature __________________________ Date __________________

Please return this completed form to one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia OR fax to (478) 471-2790 (Macon), 478-934-3019 (Cochran, Dublin, Eastman), or 478-929-6787 (Warner Robins). If you have questions, please contact us toll free at 1-877-238-8664 or visit our website at www.mga.edu/financial-aid/index.php.