

## 2020-2021 Direct Loan Revision Request Form

Last Name	First Name	MI	MGA ID#
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**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, 2020 \_\_\_ Spring, 2021 \_\_\_ Summer, 2021  
Please select the loan(s) to be cancelled: \_\_\_ All loans \_\_\_ Subsidized \_\_\_ Unsubsidized \_\_\_ PLUS

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**Reinstatement of Previously Declined Loans:**

I would like to reinstate my loans for the term(s) of: \_\_\_ Fall, 2020 \_\_\_ Spring, 2021 \_\_\_ Summer, 2021  
Please process this amount: \$ \_\_\_\_\_ Subsidized \$ \_\_\_\_\_ Unsubsidized \$ \_\_\_\_\_ PLUS

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**Reduction of Loans:**

I would like to reduce my loans for the term of: \_\_\_ Fall, 2019 \_\_\_ Spring, 2021 \_\_\_ Summer, 2020  
Loans to be reduced: \_\_\_\_\_ Subsidized \_\_\_\_\_ Unsubsidized \_\_\_\_\_ PLUS  
Please process this amount: \$ \_\_\_\_\_ Subsidized \$ \_\_\_\_\_ Unsubsidized \$ \_\_\_\_\_ PLUS

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**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

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**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 \$ \_\_\_\_\_

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**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 at 478-387-0580 or visit our website at [www.mga.edu/financial-aid/index.php](http://www.mga.edu/financial-aid/index.php).*