

2022-2023 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, 2022 ___ Spring, 2023 ___ Summer, 2023
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, 2022 ___ Spring, 2023 ___ Summer, 2023
Please process this amount: \$ _____ Subsidized \$ _____ Unsubsidized \$ _____ PLUS

Reduction of Loans:

I would like to reduce my loans for the term of: ___ Fall, 2022 ___ Spring, 2023 ___ Summer, 2023
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 financialaid@mga.edu or 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.