DELAWARE
COLLEGE OF ART
AND DESIGN

600 N MARKET ST
WILMINGTON DELAWARE 19801
302.622.8000

STUDENT LOAN ADJUSTMENT REQUEST

Student Information (please print clearly):

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Federal Stafford Loan Increase

Increase to cover expenses for:

☐ Fall ☐ Spring ☐ Summer

Increase ☐ Unsubsidized portion _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

☐ Subsidized portion _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

Federal Stafford Loan Decrease

Decrease to cover expenses for:

☐ Fall ☐ Spring ☐ Summer

Decrease ☐ Unsubsidized portion _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

☐ Subsidized portion _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

Direct Plus Loan Increase

Increase to cover expenses for:

☐ Fall ☐ Spring ☐ Summer

Increase _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

Direct Plus Loan Decrease

Decrease to cover expenses for:

☐ Fall ☐ Spring ☐ Summer

Decrease _____ (DOLLAR AMOUNT) to _____ (DOLLAR AMOUNT)

BORROWER'S LAST NAME _____ FIRST NAME _____

BORROWER'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____