



DIRECT STUDENT LOAN CANCELLATION / INCREASE / DECREASE

STUDENT _____

CUNYFIRST EMPLID ID# _____

___ I am requesting a **CANCELLATION** of my Direct Student Loan for the

SUMMER _____ FALL _____ SPRING _____
 SUBSIDIZED UNSUBSIDIZED PLUS

___ I am requesting a **INCREASE** to my Direct Student Loan for the

SUMMER _____ FALL _____ SPRING _____
 SUBSIDIZED UNSUBSIDIZED PLUS

The new amount is \$ _____

___ I am requesting a **DECREASE** to my Direct Student Loan for the

SUMMER _____ FALL _____ SPRING _____
 SUBSIDIZED UNSUBSIDIZED PLUS

The new amount is \$ _____

Student's Signature

Date

Counselor Initials _____