



Office of Financial Aid

1637 Bedford Avenue, S-108
Brooklyn, NY 11225
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F: (718) 270-6194

DIRECT STUDENT LOAN CANCELLATION / INCREASE / DECREASE

STUDENT _____ Empl# _____

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

SUMMER _____ FALL _____ SPRING _____

SUBSIDIZED UNSUBSIDIZED PLUS

___ I am requesting an *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 _____