<https://www.sjcme.edu/admissions/oncampus/tuition-and-aid/forms-helpful-links/>

**2025-2026 LOAN CHANGE REQUEST**

**Student Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SJC ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

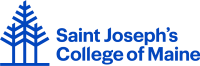
Please choose one of the following preferred changes. Financial aid disbursements must be equal for all terms attending and may not exceed the total initial amount awarded.

1. **Request to Cancel My Financial Aid:**

 I decline all Direct Student Loans for the entire 2025-26 academic year.

 I decline all Direct Unsubsidized Student Loans for the entire 2025-26 academic year.

 I decline all Nursing Student Loans for the entire 2025-26 academic year.



1. **Request Specific Dollar Amount:**

 Please reduce my Direct Student Loans to disburse in the amount of $\_\_\_\_\_\_\_\_ per term (not to exceed per term amount listed on your Financial Aid Offer Letter)

**Acknowledgement:**

By signing this form, I understand that my financial aid is based on eligibility requirements as defined by the Department of Education.

**STUDENT’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_

**Return Completed Form to Financial Aid**

Office of Financial Aid p: 800.752.1266

Saint Joseph’s College of Maine www.sjcme.edu/finaid

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