

Student's Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Last four of SSN: \_\_\_\_\_ Program: \_\_\_\_\_

### Instructions:

- After form is completed, please sign and date it before returning it to the Financial Aid Office.
- Be mindful that amounts entered will be treated as a **Gross total** meaning loan origination fees for the specific loan type of either (i.e., Direct Unsubsidized or Graduate PLUS) will be applied.
- Please only enter dollar amounts, no cents with your request for an increase, decrease, or return of federal funds.
- Forms can be submitted directly in the EVMS Financial Aid Office, by mail at: EVMS Financial Aid, P.O. Box 1980, Norfolk, VA 23501-1980, or via Email at [FINAID@EVMS.EDU](mailto:FINAID@EVMS.EDU). Our Contact Phone number is (757) 446-5804 and FAX is (757)-446-7993 if more clarification is needed on completing the form or current loan rates.

### Examples:

- *Example 1: Rate is 4.228% as of 10/1/20 (Gross Direct Graduate Plus Loan amount is **\$3,000** before loan origination fees vs the Net Direct Graduate Plus Loan amount of **\$2,873** after loan origination fees are applied.)*
- *Example 2: Rate is 1.057% as of 10/1/20 Gross Direct Unsubsidized Loan amount of **\$3,000** before loan origination fees vs Direct Unsubsidized Loan amount of **\$2,968** after loan origination fees are applied.*

**INCREASE:** Increase my loan(s) equally over this Academic year as indicated. I understand my remaining eligibility for each loan is based on my budgeted cost of attendance less aid already received by me. Requests received within 2 weeks of the close of the current term will be processed for the next disbursement.

### Gross Amount of Direct Loan INCREASE:

\$ \_\_\_\_\_ Direct Unsubsidized Loan and/or \$ \_\_\_\_\_ Direct Graduate PLUS Loan (**most expensive**)

**DECREASE:** I wish to either reduce my loans over the remaining terms or return federal funds that have been disbursed to me in the form of a refund.

### DECREASE or REFUND of Direct Loan Amount:

[ ] I wish to reduce my loan(s) equally over remaining terms of this Academic year by \$ \_\_\_\_\_

[ ] I wish to return funds in the amount of \$ \_\_\_\_\_ within 120 days of the date disbursed for this term.

**DECLINE:** I wish to decline my loan(s) as indicated by marking an "X" for the remaining terms of this Academic year. Submit for 2 to 4 weeks prior to next disbursement. If submitted prior to first disbursement, this will cancel loan in its entirety).

**DECLINE:** \_\_\_\_\_ Direct Graduate PLUS Loan (most expensive) and/or \_\_\_\_\_ Direct Unsubsidized Loan

I have reviewed the Federal Direct Loan Change Form and I understand my rights and responsibilities as a borrower. If applicable, I hereby authorize EVMS Financial Aid to increase the **total gross amount** indicated above acknowledging that associated loan origination fees will be applied. I wish to designate any return to my most expensive loan first, if applicable. I understand that Credit applications for Federal Direct Graduate PLUS Loans are valid for 180 days. If applicable, I authorize by my signature below as authorization that EVMS Financial Aid can request a new credit application on my behalf through the US Department of Education for my loan increase request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_