Loan/Term Adjustment Form

Return to: California State University, Bakersfield
Office of Financial Aid & Scholarships
48 SA
9001 Stockdale Highway, Bakersfield, CA 93311-1022
Telephone: (661)654-3016  FAX: (661)654-6800
Web: http://www.csub.edu/finaid  E-Mail: finaid@csub.edu

Student Name: ____________________________ CSUB Id: ____________________________

(please print)

**ONLY return this form to the CSUB Office of Financial Aid & Scholarships if:**

- a. You wish to decline student loan(s) or you wish to REDUCE the loan(s) you have already been awarded *(Loan Adjustment Section)* or
- b. You wish to request, reinstate or increase a student loan *(Loan Adjustment Section)* or
- c. You will NOT attend CSU Bakersfield for all, or part, of the 2015-16 Academic Year *(Term Adjustment Section)*.

**Term Adjustment Section**

- I will NOT be attending for one or more quarters during the 2015-16 Academic Year. Please indicate the quarters.

  _____ Fall 2015  _____ Winter 2016  _____ Spring 2016  _____ Full-Year 2015-16

**Loan Adjustment Section**

- Please indicate in the appropriate area below that you wish to decline aid, request aid, reinstate aid or reduce/increase aid.

<table>
<thead>
<tr>
<th>Loan Type</th>
<th>Decline 1</th>
<th>Request/Reinstate 2</th>
<th>Increase 3</th>
<th>Decrease 4</th>
<th>Amount 5</th>
<th>Term(s) 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT SUBSIDIZED LOAN</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECT UNSUBSIDIZED LOAN</td>
<td>$</td>
<td>$</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DIRECT GRAD PLUS LOAN</td>
<td>$</td>
<td>$</td>
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<tr>
<td>NURSING LOAN</td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

**Student Explanation**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Certification & Signature**

Signing below certifies that all of the reported information is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature ____________________________ Date ____________________________

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1 Check the box for the specific loan(s) you want to Decline.
2 Check the box for the specific loan(s) you would like to Request/Reinstate and indicate the corresponding loan amount in the Amount box. Enter the word "Max" to receive the maximum eligible amount.
3 Check the box for the specific loan(s) you would like to Increase and indicate the corresponding loan amount in the Amount box. Please note that the minimum eligible amount is $200.
4 Check the box for the specific loan(s) you would like to Decrease and indicate the corresponding loan amount in the Amount box. Enter the word "Max" for the maximum eligible amount.
5 Enter the Amount for the specific loan(s) you want or enter the word "Max" for the maximum eligible amount.
6 All award amounts are distributed evenly among the terms of enrollment for the academic year. If you are requesting a loan for a specific term(s), please indicate the term(s).