Loan/Term Adjustment Form

| Submit via: | Confidential Document Submission Portal: <u>https://www.csub.edu/finaid/upload</u> | |
|---------------|--|-------------|
| or Return to: | California State University, Bakersfield | and and a |
| | Office of Financial Aid & Scholarships | ALL CALFORN |
| | 48 SA | SA KE |
| | 9001 Stockdale Highway, Bakersfield, CA 93311-1022 | |
| | Telephone: (661)654-3016 FAX: (661)654-6800 Web: <u>http://www.csub.edu/financial-aid</u> E-Mail: <u>finaid@csub.edu</u> | |
| | | |

Student Name: _____

CSUB ld:

2025-2026

FLTAO

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

(Please print)

- 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 2025-2026 Academic Year (Term Adjustment Section).

Term Adjustment Section

• I will NOT be attending for one or more semesters during the 2025-2026 Academic Year. Please indicate the semesters.

_____ Fall 2025 _____ Spring 2026 _____ Full-Year 2025-2026

Loan Adjustment Section

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

| | Check the appropriate box | | | Enter the amount and/or semester | | |
|--------------------------|---------------------------|------------------------------------|-----------------------|----------------------------------|---------------------|----------------------|
| Loan Type | Decline ¹ | Request/ Reinstate ² | Increase ³ | Decrease ⁴ | Amount ⁵ | Term(s) ⁶ |
| Direct Subsidized Loan | | | | | \$ | |
| Direct Unsubsidized Loan | | | | | S | |
| Direct Grad PLUS Loan | | | | | S | |
| Nursing Loan | | | | | S | |

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 _____

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. Enter the word "Max" to receive the maximum eligible amount.

⁴ Check the box for the specific loan(s) you would like to Decrease and indicate the corresponding loan amount in the Amount box. Please note that the minimum eligible amount is \$200.

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).