



FINANCIAL AID OFFICE  
1000 East Victoria Street, WHB250  
Carson, California 90747  
(310) 243-3691

Name: \_\_\_\_\_  
Last First MI  
Student ID# \_\_\_\_\_  
F20ADJ

**2019-2020 Financial Aid Adjustment Request**

Complete and submit this form to adjust your financial aid offer. If you wish to cancel all or a portion of your Federal Direct Loan or TEACH Grant, you must notify the Financial Aid Office **within 14 days** of the date your funds were credited to your student account. If it has been longer than 14 days, your request may not be processed and you may be referred to your federal loan servicer to arrange repayment on all or a portion of your loan. Requests to increase or reinstate a loan will be **accepted** on your behalf. *The deadline to submit this form is the last day of classes (Fall 2019 only loans - December 9, 2019; Spring 2020 attendees- May 8, 2020).*

- Adjustment to financial aid offer:**  I will not be attending:  Fall 2019  Spring 2020  
 Reinstate my Fall 2019 offer (I will be enrolled Fall 2019)  
 Reinstate my Spring 2020 offer (I will be enrolled Spring 2020)  
 I have changed my graduation date to Spring 2020

**Request to Reinstate/Increase or Decrease/Cancel Financial Aid:**

*Note: Increased loans will be **evenly** posted for the Fall 2019 and Spring 2020 semesters. You must be enrolled at least half time (6 units undergraduate/credential and 4 units of 500 level courses for Graduate) each semester. A loan processing fee is deducted from each loan disbursement you receive.*

Indicate action requested:  Accept  Increase  Reduce  Cancel

Indicate which student loan and/or TEACH Grant you would like to adjust and the New Total for Award Year.

Check all that apply	New Total for Award Year 2019-2020	Fall 2019	Spring 2020
<i>Example</i>	<i>\$ 2000</i>	<i>\$ 1000</i>	<i>\$ 1000</i>
<input type="checkbox"/> Direct Loan Subsidized	\$	\$	\$
<input type="checkbox"/> Direct Loan Unsubsidized	\$	\$	\$
<input type="checkbox"/> Direct Loan Grad PLUS	\$	\$	\$
<input type="checkbox"/> Private student loan	\$	\$	\$
<input type="checkbox"/> TEACH Grant	\$	\$	\$

**Student Acknowledgement:** I understand and acknowledge that decreasing or cancelling a previously disbursed loan/grant may cause a balance on my CSUDH student account and that I am responsible to pay the balance in a timely manner. I also understand and acknowledge that I am required to complete: Master Promissory Note and Loan Entrance Counseling, if I am a first-time Direct Loan borrower and have not already completed these requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

- Grade Level: FR SOPH JR SR  
PBAC Other CRED MA  
Dependency: Dependent Independent  
Packaging Variables: Special Program   
NSLDS Review Date: \_\_\_\_\_  
FA TERM:  Fall  Spring  
Budget:  Fall  Spring  
Units: Fall \_\_\_\_\_ Spring \_\_\_\_\_
- F20AAR Comment  
 F14 Sent  
Processed By: \_\_\_\_\_  
Processed Date: \_\_\_\_\_

Date Stamp