

Student Name _____ NET ID _____

Federal Direct Subsidized and/or Unsubsidized Loans – Please check the semester and loan change type

Fall 2024 Spring 2025 Academic year (split evenly between all semesters)

Reduce my loan by the following amount

Subsidized \$ _____ Unsubsidized: \$ _____

Increase my loan by the following amount

Subsidized \$ _____ Unsubsidized: \$ _____

Cancel my loan entirely

Subsidized Unsubsidized

Federal Direct Parent PLUS – Please check the semester and loan change type

Fall 2024 Spring 2025 Academic year (split evenly between both semesters)

Reduce my PLUS by the following amount \$ _____

Increase my PLUS by the following amount \$ _____

Cancel my PLUS entirely

Alternative Loan – Please check the semester and loan change type

Fall 2024 Spring 2025 Academic year (split evenly between both semesters)

Reduce my alternative by the following amount \$ _____

Cancel my alternative entirely

By signing this form, I authorize the Creighton University Financial Aid Office to make the changes that I have requested above. If I have requested a cancellation of a loan that has already credited to my account, I understand that if a balance results from my request, I AM responsible for paying the balance owed. You must be enrolled at least half-time to be eligible for a loan. In accordance with federal guidelines, Creighton University may not originate a federal loan for a period in the academic year in which the student is no longer enrolled. Requests must be made within the academic year.

Student Signature _____ Date _____

Parent Signature (for Parent PLUS loan) _____ Date _____