



**Saint Joseph's
College of Maine**

OFFICE OF FINANCIAL AID
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2023-2024 LOAN CHANGE REQUEST

Student Information

Name _____ SJC ID# _____

E-Mail _____ Daytime Phone _____

Please choose one of the following preferred changes. Financial aid disbursements must be equal for all terms attending and may not exceed the total initial amount awarded.

A. Request to Cancel My Financial Aid:

- I decline all Direct Student Loans for the entire 2023-24 academic year.
 - I decline all Direct Unsubsidized Student Loans for the entire 2023-24 academic year.
 - I decline all Nursing Student Loans for the entire 2023-24 academic year.
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B. Request Specific Dollar Amount:

- Please reduce my Direct Student Loans to disburse in the amount of \$ _____ per term (not to exceed per term amount listed on your Financial Aid Offer Letter)
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Acknowledgement:

By signing this form, I understand that my financial aid is based on eligibility requirements as defined by the Department of Education.

STUDENT'S SIGNATURE _____ **DATE** _____

Return Completed Form to Financial Aid