



2019-2020 Loan Change Form

Student Last Name _____ Student First Name _____ MI _____ CSUCI ID Number _____ Student Phone Number _____

This form allows students to request reinstatement of loans, customization of term loan amounts or cancellation of previously accepted loans. To view the full terms of the loan change request, please visit our website at www.csuci.edu/financialaid/loanchange

Please allow up to 15 business days for your request to be processed.

The deadline to complete all loan requirements (Loan Entrance Counseling and MPN) and submit loan change requests are as follows:

Fall 2019 Semester - December 13, 2019

Spring 2020 Semester - May 15, 2020

When do you expect to complete your current program/degree/credential? _____

Graduating Semester and Year (e.g. Spring 2020)

Request:	Aid Year		Fall Semester		Spring Semester
Subsidized Loan →	<input type="checkbox"/> Maximum Eligibility	→	OR <input type="checkbox"/> Accept Fall total \$ _____ OR <input type="checkbox"/> Return* Fall amount \$ _____ OR <input type="checkbox"/> Cancel*	→	OR <input type="checkbox"/> Accept Spring total \$ _____ OR <input type="checkbox"/> Return* Spring amount \$ _____ OR <input type="checkbox"/> Cancel*
Unsubsidized Loan →	<input type="checkbox"/> Maximum Eligibility	→	OR <input type="checkbox"/> Accept Fall total \$ _____ OR <input type="checkbox"/> Return* Fall amount \$ _____ OR <input type="checkbox"/> Cancel*	→	OR <input type="checkbox"/> Accept Spring total \$ _____ OR <input type="checkbox"/> Return* Spring amount \$ _____ OR <input type="checkbox"/> Cancel*
Parent PLUS Loan →	<input type="checkbox"/> Maximum Eligibility	→	OR <input type="checkbox"/> Accept Fall total \$ _____ OR <input type="checkbox"/> Return* Fall amount \$ _____ OR <input type="checkbox"/> Cancel*	→	OR <input type="checkbox"/> Accept Spring total \$ _____ OR <input type="checkbox"/> Return* Spring amount \$ _____ OR <input type="checkbox"/> Cancel*
Private Loan →	<input type="checkbox"/> Maximum Eligibility	→	OR <input type="checkbox"/> Accept Fall total \$ _____ OR <input type="checkbox"/> Return* Fall amount \$ _____ OR <input type="checkbox"/> Cancel*	→	OR <input type="checkbox"/> Accept Spring total \$ _____ OR <input type="checkbox"/> Return* Spring amount \$ _____ OR <input type="checkbox"/> Cancel*

*You have the right to reduce or cancel your loan within 14 days of either the first day of class or the disbursement of the funds to your account, whichever is later. If more than 14 days have passed, it is your responsibility to return any unwanted funds directly to your loan servicer.

Authorization Signature

By signing below I am verifying that the information on this form is true and complete to the best of my knowledge. I am aware that this form serves as my acceptance or cancellation of federal student loan funds that must be repaid according to the conditions of the Master Promissory Note. I also certify that any money I receive under student financial aid programs will be used solely for educational expenses related to attendance at California State University Channel Islands (CSUCI).

F20LCF

For Office Use Only

Student Signature (electronic signatures not accepted) _____

Date _____

Parent Signature (electronic signatures not accepted) **Parent PLUS Loans only** _____

Date _____

FAA Initials _____

Date _____

☐ 3C's

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE