



**University of the Incarnate Word
Office of Financial Assistance
Loan Change Request Form**

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www.uiw.edu/finaid
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LNCHG

Student Name: _____

Student ID: _____

Before changing loan funds, please ensure that you understand the following:

- If your loan has been partially or fully disbursed to your account, removing loan funds may result in a balance due to the University.
- If your loan has been disbursed for more than 30 days, we may be unable to reduce your loan(s) *unless you are including a check or money order for the amount to reduce or a credit already exists on your account.*
- Loans will be increased/reduced in the order of most benefit to the student, based on type/interest rate, unless specified otherwise.
- Changes to a Parent PLUS Loan require the signature of the parent borrower on the loan.

Student loan reduction request:

Semester/year: _____ Amount: \$ _____ Loan: _____

Semester/year: _____ Amount: \$ _____ Loan: _____

Student loan increase request:

Semester/year: _____ Amount: \$ _____ Loan: _____
or [] Cover balance only

Student signature: _____ **Date:** _____

Parent loan reduction request:

Semester/year: _____ Amount: \$ _____ Loan: _____

Semester/year: _____ Amount: \$ _____ Loan: _____

Parent loan increase request:

Semester/year: _____ Amount: \$ _____ Loan: _____
or [] Cover balance only

Parent refund change request: [] Refund to Student [] Refund to Parent

Parent name and signature: _____ **Date:** _____
(Required if increasing Parent PLUS Loan or changing refund choice)