



Financial Aid

318.797.5363
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One University Place
Shreveport, LA 71115-2399
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2024-2025 Aid Adjustment Request

Name: _____ Student ID #: _____

(Please Print in Ink)

Cell Phone #: _____ Email Address: _____

Important Notes:

- Please allow up to two weeks for requests to be processed.
- Changes can be viewed on myLSUS>Financial Aid> Awards. Loan cancellation/reductions may take up to two weeks to reflect with your loan servicer.
- First-time loan borrowers at LSUS must complete Entrance Counseling and Master Promissory Note at studentaid.gov.

- Cancel Aid for the following semester(s):**
- | | | |
|---|--|--|
| <input type="checkbox"/> Fall Traditional | <input type="checkbox"/> Fall AP1/1C | <input type="checkbox"/> Fall AP2/1D |
| <input type="checkbox"/> Spring Traditional | <input type="checkbox"/> Spring AP1/1C | <input type="checkbox"/> Spring AP2/1D |
| <input type="checkbox"/> Summer Traditional | <input type="checkbox"/> Summer AP1/1C | <input type="checkbox"/> Summer AP2/1D |

- All Aid Direct Unsubsidized Loan Direct Subsidized Loan PLUS Loan

Reduce loan to tuition and fees only. Must include # of hours for each session/semester below:

Traditional Students

- Fall Traditional # ___ hours
 Spring Traditional # ___ hours
 Summer Traditional # ___ hours

Accelerated Online Students

- Fall AP1/1C # ___ hours
 Spring AP1/1C # ___ hours
 Summer AP1/1C # ___ hours

- Fall AP2/1D # ___ hours
 Spring AP2/1D # ___ hours
 Summer AP2/1D # ___ hours

Reduce loan(s) to: \$ _____ for the following sessions/semesters _____

Requesting student loans:

I would like the maximum loan amount for the semester/sessions checked below:

OR

Indicate amount if less than maximum amount: \$ _____ split evenly for the sessions/semesters checked below:

Traditional Students

- Fall Traditional
 Spring Traditional
 Summer Traditional

Accelerated Online Students

- Fall AP1/1C
 Spring AP1/1C
 Summer AP1/1C

- Fall AP2/1D
 Spring AP2/1D
 Summer AP2/1D

Resinstate my loan due to: Re-enrollment Paid previous balance Completed loan documents Increased hours

Please list any other request/information update that was not covered in the above choices:

I must submit an additional request if my enrollment plans change. I understand my aid will be adjusted based on the request made on the form above. I understand that I have given permission to the Financial Aid Office to make these adjustments to my aid and then apply the aid (excluding work-study) to pay any current balance.

Signature: _____ Date: _____