

318.797.5363 (Fax) 318.797.5366 One University Place Shreveport, LA 71115-2399 finaid@lsus.edu

2023-2024 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 process -Changes can be viewed on myLSUS>Financial Aid> Awar -First-time loan borrowers at LSUS must complete Entran	ds. Loan cancellation/reduct		· · · · · · · · · · · · · · · · · · ·
☐ Cancel Aid for the following semester(s):	☐ Fall Traditional	☐Fall AP1/1C	☐Fall AP2/1D
	☐Spring Traditional		•
	☐Summer Traditional	☐Summer AP1/1C	☐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 e	each session/semester	below:
Traditional Students	Accelerated Online Students		
☐Fall Traditional # hours	☐ Fall AP1/1C # ho	ours	II AP2/1D # hours
☐Spring Traditional # hours	□Spring AP1/1C # hours □Spring AP2/1D # hours		
☐Summer Traditional # hours	□Summer AP1/1C # hours □Summer AP2/1D # hours		
Reduce loan(s) to: \$ for the	following sessions/semes	ters	
Requesting student loans:			
$oxed{\Box}$ I would like the maximum loan amount for the soor	emester/sessions checked	below:	
☐ Indicate amount if less than maximum amount:	\$spli	evenly for the sessions/s	semesters checked below:
Traditional Students	Accelerated Online S	tudents	
☐ Fall Traditional	☐Fall AP1/1C	☐Fall AP2/1D	
☐Spring Traditional	☐Spring AP1/1C	☐Spring AP2/	/1D
☐Summer Traditional	☐Summer AP1/1C	☐Summer AP	22/1D
☐ Resinstate my loan due to: ☐ Re-enrollment 〔	☐Paid previous balance	☐Completed loan docun	nents
Please list any other request/information upda	ite that was not covered	I in the above choices:	
I must submit an additional request if my enrollment plans chan			

_____Date: _____

Signature: