University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178

Webpage: www.ucmo.edu/sfs

Student's Signature

Federal Direct Stafford Loan Adjustment Request

2024/2025

UCM use only

Stafford_Loan_Chg_Req_24.pd MAR 25, 2024

STAF1

Documents Only Email:
financialassistance@ucmo.edu

Complete all items accurately

Phone 660-543-8266 | FAX 660-543-8080

Student Name:	First	UCI	M ID Number: 700
Last	FIFSL		one Number: ()
Are you currently attending or pla	· ·	•	I expect to graduate in (Month/Year):
INCREASE LOAN			
My parent(s) applied for the Pa	arent PLUS loan and v	was denied .	
Previously Declined Loans: I	previously declined p	art or all of my lo	pans.
Other (please specify):			
Please offer my maximum Sta	afford loan eligibility fo	r the entire acad	emic year or as specified below:
Fall Semester 2024: \$ (August – December 2024)		Spring Semester (January – May 2025)	
(initials) 2) Signing this form REDUCE/CANCEL LOAN	constitutes acceptan	ce of any addition	nal loan offer.
I would like to reduce my Staff	ord loans by (specify	exact dollar amo	ount per semester):
Fall Semester 2024: \$ (August – December 2024)	Spring Semester 20 (January – May 20	025: \$	Summer Semester 2025: \$ (May – July 2025)
Reason for reduction:			
I would like to cancel my Staff	ord loans for:		
Fall Semester 2024 (August – December 2024)	Spring (January	Semester 2025 – May 2025)	Summer Semester 2025 (May – July 2025)
Reason for cancellation:			
 This adjustment request cannot be p (FAFSA) is on file with UCM. 		•	2025 Free Application for Federal Student Aid
 You must enroll for 6 or more under eligible for this requested adjustment 		(or 3 or more grad	luate credit hours) per semester at UCM to be
Your maximum estimated Stafford	eligibility may be found	d at your MyCentr	al portal.
• You are encouraged to borrow only	-	• •	
 Details about the Stafford Lo education/loans/federal-loans/ 		nd at	

Date