

2026-27 Financial Aid Loan Adjustment Request Form



Office of Financial Aid
Louisiana State University Eunice
P. O. Box 1129, Eunice, LA 70535
Phone: (337) 550-1282 • Fax: (337) 550-1266 • Email: finaid@lsue.edu

Student's Name: _____ ID No.: _____
Last First Middle

I. LOAN REINSTATEMENT OR INCREASE:

*Indicate semester(s) for the requested change: Fall 2026 Spring 2027 Summer 2027

A. Please reinstate my Direct Student Loan program(s) as indicated below:

Direct Subsidized Loan:

Original award amount

Reduced amount: \$ _____

Direct Unsubsidized Loan:

Original award amount

Reduced amount: \$ _____

B. I want to **increase** the amount of the loan I previously reduced to the **total** amount indicated below:

Direct Subsidized Loan \$ _____

Direct Unsubsidized Loan \$ _____

II. LOAN REDUCTION OR CANCELLATION:

*Indicate semester(s) for the requested change: Fall 2026 Spring 2027 Summer 2027

A. I want to **reduce** the amount of my loan to the **total** amount indicated below:

Direct Subsidized Loan \$ _____

Direct Unsubsidized Loan \$ _____

B. **Please cancel:**

Direct Subsidized Loan

Direct Unsubsidized Loan

Please print, sign and return form to the Financial Aid Office.

I certify that all information I have given is accurate and complete to the best of my knowledge as of this date.

Student's Signature

Date