



LOAN CHANGE FORM

Complete this form if you are requesting changes (cancellation, decrease, increase, reinstatement) to your student loan application.

STUDENT NAME: _____ AMC ID#: _____

SEMESTER: Indicate the semester you wish to make the change.

____ Fall/Spring ____ Fall ____ Spring ____ Summer ____ Spring/Summer

LOAN ADJUSTMENT: Indicate type of change, amount and loan type.

____ I am reducing my loan

____ I am increasing my loan

____ I am cancelling my loan

____ I am reinstating my loan

Amount: \$ _____

Note: You need to indicate the amount you wish to add or reduce to your original loan application.

____ Subsidized ____ Unsubsidized ____ Both

SIGNATURE: _____ DATE: _____

Mail Form to: Office of Financial Aid, 1630 Metropolitan Parkway SW, Atlanta, GA 30310

Fax number: 404-756-4834