

# BERGEN COMMUNITY COLLEGE

FINANCIAL AID OFFICE  
400 Paramus Road  
Paramus, New Jersey 07652-1595

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

## LOAN CHANGE / CANCELLATION/ REINSTATEMENT REQUEST FORM

This form is submitted to request a change in my: [check all that apply]

2009 Fall Only [ ]    2010 Spring Only [ ]    Fall and Spring [ ]    Summer 2010 [ ]

STAFFORD Subsidized loan [ ]    STAFFORD Unsubsidized loan [ ]    \*Parent PLUS Loan [ ]

NJ Class Loan [ ]    Alternative Loan [ ]

My current loan amount is \$ \_\_\_\_\_ please:

Increase [ ]    Decrease [ ]    Cancel [ ]    Reinstate [ ]

Change Loan amount to: \$ \_\_\_\_\_ for the term[s] indicated above.

Please indicate lender:

Wachovia _____	Nelnet Academic _____	ASAP Union Bank _____
SLMA _____	Discover Student Loan _____	PNC Bank _____
Other _____		

**\*You have the right to cancel or reduce your loan within 14 days of receiving your refund check:** If you've received your loan/refund check, and you wish to cancel or reduce your loan the check must be returned back to the Office of Financial Aid before the loan cancellation/reduction request is processed. If entitled, **you will receive a revised check and the remaining funds (if any) will be returned to your lender.**

Your signature (*your parent's signature if requesting "PLUS" changes*) on this "Loan Change Request Form", authorizes this change. Your revised award notice will be available to view on Web Advisor. If a change cannot be done, the Office of Financial Aid will notify you.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*\*Parent's Signature for Parent PLUS*

**FOR OFFICE USE ONLY:**  
**COMMENTS:**