



Student Financial Services

2010 Financial Aid Adjustment Form

Student's Name _____, _____ M. I.
Last First

Mercyhurst ID _____

Mercyhurst Email _____

Please Cancel My: (check all that apply)

- [] Federal Work-Study (FWS)
[] Parent PLUS Loan
[] Federal Perkins Loan
[] Federal Direct Subsidized Loan
[] Federal Direct Unsubsidized Loan
[] Graduate PLUS Loan

Please Reinstate My: (check all that apply)

- [] Federal Work-Study (FWS)
[] Parent PLUS Loan
[] Federal Perkins Loan
[] Federal Direct Subsidized Loan
[] Federal Direct Unsubsidized Loan
[] Graduate PLUS Loan

Please Adjust My: (check all that apply)

New Amount?

For Which Term? (Check all that apply)

- [] Parent PLUS Loan \$ _____ Academic Yr ___ Fall Only ___ Winter Only ___ Spring Only
[] Federal Perkins Loan \$ _____ Academic Yr ___ Fall Only ___ Winter Only ___ Spring Only
[] Federal Direct Subsidized Loan \$ _____ Academic Yr ___ Fall Only ___ Winter Only ___ Spring Only
[] Federal Direct Unsubsidized Loan \$ _____ Academic Yr ___ Fall Only ___ Winter Only ___ Spring Only
[] Graduate PLUS Loan \$ _____ Academic Yr ___ Fall Only ___ Winter Only ___ Spring Only

Other _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
(required for PLUS loans)

Office Use Only: (Processed by _____ Date _____)