COCE Loan Decrease Request

Student Information:

Full Name: ..................................................  Student ID (required): ................................

Please review your Financial Aid Award Letter before selecting one of the options listed below (1, 2, or 3). You will be notified via email if changes have been made to your financial aid or if we are unable to process your request.

Option 1. Request to Cancel Direct Subsidized and/or Direct Unsubsidized Loans:

☐ Beginning with term ________________, I refuse all Direct Student Loans, and wish to cancel them for the remainder of my academic year.

☐ Beginning with term ________________, I refuse only my Direct Unsubsidized Loans, and wish to cancel them for the remainder of the academic year.

Option 2. Request to Reduce My Direct Loans Based on Enrollment:

Direct Loan eligibility is contingent upon maintaining at least half-time status within a trimester (Undergraduate students) or a term (Graduate students).

☐ Tuition + Loan Origination Fees + Book Voucher

Beginning with term ________________, please decrease my Direct Student Loans to cover tuition + loan origination fees + book voucher.

Note that book vouchers do not exceed $150 per course per term, and are issued based on financial aid eligibility. If the entire voucher is not redeemed, you may receive a credit balance refund.

☐ Tuition + Loan Origination Fees

Beginning with term ________________, please decrease my Direct Student Loans to cover tuition + loan origination fees.

Option 3. Request Per-Term Disbursement Amount:

Beginning with term ________________, please reduce my Direct Student Loans to disburse in the amount of ________________ per term.

Note: Please factor in the origination fee, which will be deducted before disbursement—loan amounts under $100 will not be awarded.

<table>
<thead>
<tr>
<th>First Disbursement Date:</th>
<th>Origination Fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or after 10/1/17 and before 10/1/18</td>
<td>1.066%</td>
</tr>
<tr>
<td>On or after 10/1/18 and before 10/1/19</td>
<td>1.062%</td>
</tr>
</tbody>
</table>

Acknowledgement

By signing this form, I understand that my financial aid is based on eligibility requirements as defined by the Department of Education and is subject to change. Furthermore, I agree to pay any balance created by this request and understand that I may not be able to reinstate my Direct Student Loans for these terms.

Student Signature: ........................................... Date: ...........................................

Please note: electronic signatures will not be accepted.