

Financial Aid Office 7411 85th Avenue North Brooklyn Park, MN 55445-2299 Tel: 763-424-0728 Fax: 763-493-0589 faid@nhcc.edu www.nhcc.edu/financialaid

Loan Change Form 2016-2017

ast Name	First Name		Student ID	
mail Address			Phone Number	
Provide the f	ollowing information to the Financial Aid Office.			
	Decrease loan by the amount listed	Fall	Spring	
	Direct Stafford	\$	\$	
	Work-study award	\$	\$	
	Increase loan by the amount listed	Fall	Spring	
	Direct Subsidized Stafford	\$	\$	
	Direct Unsubsidized Stafford	\$	\$	
	Other:	\$	\$	
	Cancel loan	List Semeste	er(s)	
	Direct Subsidized Stafford			
	Direct Unsubsidized Stafford			
	Other			
ist your an	ticipated NHCC graduation date: (semester/y	ear):		
Comments:				
	d that I have the right to cancel or reduce any d Office within 14 days of the loan disbursing		nt by making the request in	writing
Student Signa	ture Date	_		