

**WINTHROP UNIVERSITY  
OFFICE OF FINANCIAL AID**

**Request for Loan Adjustment  
2024-2025**

**Student's Name** \_\_\_\_\_

**Winthrop ID Number** \_\_\_\_\_

**NOTE:** You must be enrolled (and still attending) at least half-time (6 credit hours for undergraduate students/4.5 credit hours for graduate students) to complete and submit this form. In order to process your request, this form must be received by the Office of Financial Aid no later than November 20, 2024 for fall loans and April 11, 2025 for spring loans.

**REDUCE LOAN** - I wish to reduce my loan(s) **TO** the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> Subsidized Federal Direct Loan \$ _____   | <input type="checkbox"/> Graduate PLUS Loan \$ _____            |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan \$ _____ | <input type="checkbox"/> Private Loan \$ _____<br>Lender: _____ |

For the loan period indicated below (check only one):

- 2024/2025       Fall 2024 only       Spring 2025 only

**CANCEL LOAN** - I wish to cancel the following loan(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Subsidized Federal Direct Loan   | <input type="checkbox"/> Graduate PLUS Loan            |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan | <input type="checkbox"/> Private Loan<br>Lender: _____ |

For the loan period indicated below (check only one):

- 2024/2025       Fall 2024 only       Spring 2025 only

**REINSTATE/INCREASE LOAN** - I wish to reinstate/increase the loan(s) listed below **TO** the following amount (based on eligibility):

- |  |   |
|--|---|
| <input type="checkbox"/> Subsidized Federal Direct Loan \$ _____   | <input type="checkbox"/> Private Loan – Contact the Office of Financial Aid for your options. |
| <input type="checkbox"/> Unsubsidized Federal Direct Loan \$ _____ |   |

For the loan period indicated below (check only one):

- 2024/2025       Fall 2024 only       Spring 2025 only

*By signing below, I authorize the Office of Financial Aid to make the changes I have requested above. I understand that submitting this form does not guarantee that my request can be processed. If I have requested a cancellation of a loan that has already credited to my account, I understand that I am responsible for paying the balance owed to Winthrop University if a balance results from my request.*

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

**Date** \_\_\_\_\_

Sykes House, 638 Oakland Ave, Rock Hill, SC 29733  
(803) 323-2189 (phone) – (803) 323-2557 (fax) – [finaid@winthrop.edu](mailto:finaid@winthrop.edu)

Revised 04/16/24

**Securely upload forms through Wingspan (Financial Aid, Document Upload)**