



2018-2019 Aid Adjustment Form

Student Information

Last Name: _____ First Name: _____
 Student ID Number: _____ Street and Number: _____
 City, State, and Zip code: _____
 Local Phone Number (Include Area Code): _____
 Permanent Phone Number (Include Area Code): _____
 Email Address: _____

Award Year: 2018-2019

Please Change My: (check all that apply)

Loan Type:	Fall 2018	Spring 2019	Summer 2019
Federal Direct Subsidized Loan	\$	\$	\$
Federal Direct Unsubsidized Loan	\$	\$	\$
Federal Direct Parent Plus Loan	\$	\$	\$
Federal Direct Graduate Plus Loan	\$	\$	\$
Private Educational Loan	\$	\$	\$

Please Cancel My: (check all that apply):

Loan Type:	Fall 2018	Spring 2019	Summer 2019
Federal Direct Subsidized Loan	<input checked="" type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Unsubsidized Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Parent Plus Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Graduate Plus Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Private Educational Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019

Please Reinstate My: (check all that apply):

Loan Type:	Fall 2018	Spring 2019	Summer 2019
Federal Direct Subsidized Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Unsubsidized Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Parent Plus Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Federal Direct Graduate Plus Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019
Private Educational Loan	<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Summer 2019

Affirmations

Student Signature: _____ Date: _____
 Student Name (Please Print): _____ Student ID Number: _____
 Parent Signature (if student is dependent): _____ Date: _____ Parent Printed Name: _____
 Spouse Signature (if student is married): _____ Date: _____ Spouse Printed Name: _____

Return Address:

Felician University, Office of Student Financial Services, 262 South Main Street, Lodi, NJ 07644
 Phone: 201-559-6010
 Fax: 201-559-6025