



**University of the Incarnate Word  
Office of Financial Assistance  
Loan Change Request Form**

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Revised 03/2018

LNCHG

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Before changing loan funds, please ensure that you understand the following:

- If your loan has been partially or fully disbursed to your account, removing loan funds may result in a balance due to the University.
- If your loan has been disbursed for more than 30 days, we may be unable to reduce your loan(s) *unless you are including a check or money order for the amount to reduce or a credit already exists on your account.*
- Loans will be increased/reduced in the order of most benefit to the student, based on type/interest rate, unless specified otherwise.
- Changes to a Parent PLUS Loan require the signature of the parent borrower on the loan.

**Student loan reduction request:**

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

**Student loan increase request:**

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

or [ ] Cover balance only

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent loan reduction request:**

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

**Parent loan increase request:**

Semester/year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Loan: \_\_\_\_\_

or [ ] Cover balance only

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent refund change request:**      [ ] Refund to Student      [ ] Refund to Parent

**Parent name and signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Required if increasing Parent PLUS Loan or changing refund choice)*