



Financial Aid Office
Colston Hall, Room 504
P: 718.289.5700

Bronx Community College
Of The City University of New York
2155 University Avenue
Bronx, New York 10453

2024-2025 ADDITIONAL DIRECT LOAN REQUEST FORM

EMPLID #: _____

Last Name: _____ MI: _____ First Name: _____

Phone: _____ Email: _____

Requests to reduce or adjust Federal Direct student loans must be made within 14 days of the first disbursement of the loan and require approval from Financial Aid Office. All requests for reduction or cancellation of Federal Direct Loan (s) must be in writing and signed by the borrower. All students must be registered for at least 6 credits per semester. **Students that are borrowing a one-semester loan and are graduating at the end of the semester, the loan will be prorated based on their registration.**

TYPE OF LOAN REQUEST

Federal Direct Subsidized Loan Federal Direct Unsubsidized Loan Federal PLUS Loan

LOAN REQUEST (INCLUDE LOAN AMOUNT OR 'MAXIMUM')

Please indicate the number of credits you are currently enrolled in and plan to enroll in for the next semester if you desire a two semester loan.

Summer: _____ Fall: _____ Spring: _____

Expected Graduation Date: _____ (MM/YYYY)

Summer Only \$ _____ Fall Only \$ _____
 Fall/Spring \$ _____ Spring Only \$ _____

FOR REDUCTION/CANCELLATION ONLY

I am requesting a REDUCTION of my Federal Direct Loan from \$ _____ to \$ _____ for the following loan period.

Summer 2024 Only Fall 2024 Only Fall/Spring 2024-2025 Spring 2025 Only

I am requesting a TOTAL CANCELLATION of my Federal Direct Loan(s) for the following loan period.

Summer 2024 Only Fall 2024 Only Fall/Spring 2024-2025 Spring 2025 Only

Applicant Certification: My signature below certifies that I understand once the Financial Aid Office makes this adjustment it is final. If I should need an additional loan, I will have to submit a new Loan Request Form two weeks before the end of the semester.

Student's Signature: _____ Date: _____