

Student Name _____ NET ID _____

Federal Direct Subsidized and/or Unsubsidized Loans – Please check the semester and loan change type

☐ Summer 2026 ☐ Fall 2026 ☐ Spring 2027 ☐ Academic year (split evenly between all semesters)

☐ Reduce my loan by the following amount

☐ Subsidized \$ _____ ☐ Unsubsidized: \$ _____

☐ Increase my loan by the following amount

☐ Subsidized \$ _____ ☐ Unsubsidized: \$ _____

☐ Cancel my loan entirely

☐ Subsidized ☐ Unsubsidized

Federal Direct Parent PLUS – Please check the semester and loan change type

☐ Summer 2026 ☐ Fall 2026 ☐ Spring 2027 ☐ Academic year (split evenly between both semesters)

☐ Reduce my PLUS loan by the following amount \$ _____

☐ Increase my PLUS loan by the following amount \$ _____

☐ Cancel my PLUS loan entirely

Alternative Loan – Please check the semester and loan change type

☐ Summer 2026 ☐ Fall 2026 ☐ Spring 2027 ☐ Academic year (split evenly between both semesters)

☐ Reduce my alternative loan by the following amount \$ _____

☐ Cancel my alternative loan entirely

By signing this form, I authorize the Creighton University Financial Aid Office to make the changes that I have requested above. If I have requested a cancellation of a loan that has already credited to my account, I understand that if a balance results from my request, I AM responsible for paying the balance owed. You must be enrolled at least half-time to be eligible for a federal loan. In accordance with federal guidelines, Creighton University may not originate a federal loan for a period in the academic year in which the student is no longer enrolled. Requests must be made within the academic year.

Student Signature _____ Date _____

Parent Signature (for Parent PLUS loan) _____ Date _____