



**Student Financial Services**

**2017-2018 Direct Loan Modification Request Form**

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**LOAN MODIFICATION REQUESTS**

**Federal Direct Subsidized Loan:**

- Reduce** my previously accepted loan to the following amount \$ \_\_\_\_\_
- Increase** my loan. Additional amount requested \$ \_\_\_\_\_
- Reinstate** my previously declined loan for the following amount \$ \_\_\_\_\_
- Cancel** my loan

**Federal Direct Unsubsidized Loan:**

- Reduce** my previously accepted loan to the following amount \$ \_\_\_\_\_
- Increase** my loan. Additional amount requested \$ \_\_\_\_\_
- Reinstate** my previously declined loan for the following amount \$ \_\_\_\_\_
- Cancel** my loan

**ANNUAL FEDERAL DIRECT STUDENT LOAN LIMITS: (FALL/SPRING/SUMMER)**

Student Filing Status	Grade Level	Max Subsidized Amount	Max Unsubsidized Amount	Combination Total
<b>Dependent Undergraduate</b>	Freshman	\$3,500	\$2,000	<b>\$5,500</b>
	Sophomore	\$4,500	\$2,000	<b>\$6,500</b>
	Junior/Senior	\$5,500	\$2,000	<b>\$7,500</b>
<b>Independent Undergraduate &amp; Dependent with a PLUS Loan Denial</b>	Freshman	\$3,500	\$6,000	<b>\$9,500</b>
	Sophomore	\$4,500	\$6,000	<b>\$10,500</b>
	Junior/Senior	\$5,500	\$7,000	<b>\$12,500</b>
<b>Graduate Students</b>		N/A	\$20,500	<b>\$20,500</b>
<b>Doctoral/Psy.D. Students</b>		N/A	\$37,167	<b>\$37,167</b>

**AGGREGATE DIRECT LOAN LIMITS** (lifetime eligibility)

- Undergraduate Dependent Students: \$31,000- no more than \$23,000 can be subsidized
- Undergraduate Independent Students: \$57,500- no more than \$23,000 can be subsidized
- Graduate Students: \$138,500- (includes undergraduate loans)
- Doctoral Students: \$224,000- (includes undergraduate and graduate loans)

By signing this form, I authorize Student Financial Services at Chestnut Hill College to make the changes that I have requested above. I understand this request is for a loan that must be repaid. If I have requested a cancellation of a loan that has already credited my student account, I understand that I am responsible for paying the balance owed to Chestnut Hill College if applicable.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return this worksheet to:  
 Student Financial Services, 9601 Germantown Avenue, Philadelphia, PA 19118  
 Fax: (215) 242-7705  
 Email: finaid@chc.edu