



COLLEGE of
**SOUTHERN
MARYLAND**

2025-2026 Federal Direct Loan Adjustment Request Form

Please complete this form if you wish to reduce, increase, or cancel your current Federal Direct Loan. By completing and signing this form, you authorize the College of Southern Maryland to change your requested loan amount with the U.S. Department of Education.

This form must be returned within fourteen days of receipt to ensure we comply with your intent to adjust the amount of your Federal Direct Loan.

STUDENT INFORMATION

Last Name _____

First Name _____ Middle Initial _____

Social Security Number/Student ID _____

_____ Please **reduce** my Federal Direct Loan to a **TOTAL** of \$ _____
for the 2025-2026 academic year. (Do not list only amount of decrease)

_____ Please **increase** my Federal Direct Loan to a **TOTAL** of \$ _____
for the 2025-2026 academic year. (Do not list only amount of increase)

_____ Please **cancel** the entire Federal Direct Loan (Subsidized and
Unsubsidized) that was offered. I am declining my Federal Direct Loans.

Student Hand-Written Signature _____

Date _____

Send All Correspondence to:

College of Southern Maryland*Financial Assistance Department
P.O. Box 910* La Plata, MD 20646* Finaid@csm.edu
Telephone: 301-934-2251, 301-870-3008, ext. 7531, or 301-934-7531 (Direct Line)