Loan/Work-Study Change Request

Financial Aid Services Academic Year 2025-2026

| Student Name: | UMass SPIRE ID: |
|---|---|
| you want to adjust. We may not be able to re-insta | r create a bill due to the Bursar. Carefully select the option and type of self-help aid te certain loans or work-study once cancelled. Allow five (5) working days for Check your SPIRE account to determine if we were able to complete your request. |
| Adjust my Federal Direct Subsidized Loan a | s follows: Cancel the entire loan Cancel Fall 2025 Cancel Spring 2026 |
| Change the amount of my Subsidized loan to: \$ | For the entire year \$For Fall 2025 \$For Spring 2026 |
| Adjust my Federal Direct Unsubsidized Loa | n as follows: Cancel the entire loan Cancel Fall 2025 Cancel Spring 2026 |
| Change the amount of my Unsubsidized loan to: \$ | For the entire year \$For Fall 2025 \$For Spring 2026 |
| Adjust my Federal Direct PLUS Loan as | follows: Cancel the entire loan Cancel Fall 2025 Cancel Spring 2026 |
| Change the amount of my PLUS loan to: \$ | For the entire year \$For Fall 2025 \$For Spring 2026 |
| My Parent PLUS loan was denied. Award an additi If you do not wish the full amount, indicate how my | |
| Adjust my Alternative Loan/Private Loa | an* as follows: Name of Alt Loan |
| Cancel the entire loan Cancel Fall 2025 | |
| Change the amount of my Alternative loan to: \$ *Loan adjustments are limited by the lender and or amoun | For the entire year \$For Fall 2025 \$For Spring 2026 at approved. |
| Adjust my Federal Work-Study as follow | WS: Cancel the entire loan Cancel Fall 2025 Cancel Spring 2026 |
| Change the amount of my Work-Study to: \$ | For the entire year \$For Fall 2025 \$For Spring 2026 |
| Please Re-instate my loan awards | s as follows: |
| Re-instate Direct Subsidized Loan to: \$ | For the entire year \$For Fall 2025 \$ For Spring 2026 |
| Re-instate Direct Unsubsidized Loan: \$ | For the entire year \$For Fall 2025 \$ For Spring 2026 |
| Re-instate Approved Direct Parent or Grad | luate PLUS Loan to: |
| \$ | For the entire year \$For Fall 2025 \$ For Spring 2026 |
| Student Signature: | Date: |
| Fax completed form to: 413-545-1700 or Secure Document Upload at: umass.edu/fina | ancialaid/upload |