
Last Name

First Name

M.I.

OASIS Student I.D. (000-000-000)



CALIFORNIA STATE UNIVERSITY
Monterey Bay
FINANCIAL AID

For office use only

2021-2022 Loan Revision Request

What is your major? _____

Academic Level	Dependent Student Eligibility		Independent Student Eligibility	
	Base Amount Offered for the year	Additional Unsubsidized Available per year	Base Amount Offered for the year	Additional Unsubsidized Available per year
Freshman	\$3,500	\$2,000	\$3,500	\$6,000
Sophomore	\$4,500	\$2,000	\$4,500	\$6,000
Junior	\$5,500	\$2,000	\$5,500	\$7,000
Senior/Credential	\$5,500	\$2,000	\$5,500	\$7,000
Graduate			\$8,500	\$12,000

Indicate the amount per term:

Increase my loan by:

Subsidized Amount:

Unsubsidized Amount:

\$ _____ / \$ _____ / \$ _____

\$ _____ / \$ _____ / \$ _____

Fall Spring Summer

Fall Spring Summer

Decrease my loan by:

Subsidized Amount:

Unsubsidized Amount:

Graduate Plus Loan Amount:

\$- _____ / \$- _____ / \$- _____

\$- _____ / \$- _____ / \$- _____

\$- _____ / \$- _____ / \$- _____

Fall Spring Summer

Fall Spring Summer

Fall Spring Summer

Cancel a loan I previously accepted:

Subsidized Amount:

Unsubsidized Amount:

Graduate Plus Loan Amount:

\$- _____ / \$- _____ / \$- _____

\$- _____ / \$- _____ / \$- _____

\$- _____ / \$- _____ / \$- _____

Fall Spring Summer

Fall Spring Summer

Fall Spring Summer

Request an Unsubsidized Loan based on the denial of a parent PLUS loan:

Unsubsidized Amount:

\$ _____ / \$ _____ / \$ _____

Fall Spring Summer

Note: Cancelling/ reducing a disbursed Federal Direct Loan will result in a balance due on your OASIS account. It is your responsibility to pay your balance due in a timely manner. The Financial Aid Office is not responsible for late fees or credit bureau penalties associated with your request. Your request will be processed within 2-3 weeks from date of submission. The Financial Aid Office will **NOT** automatically accept additional funds requested on your behalf. A financial aid counselor will email you and confirm when the additional funds are available for acceptance.

Student Signature (Required)

Date

_____@CSUMB.EDU

Student Email address

Student Telephone Number with voicemail

****Office Use Only****

Counselor Verified:

Code 258: Y N

Completed By:

Date: