

Western Nevada College
Student Loan Revision Request
Western Nevada College
2201 College Parkway
Carson City, NV 89703
Phone: (775) 445-3264/Fax: (775) 445-3058

Name: _____ NSHE ID: _____

Phone Number: _____ Email Address: _____

PLEASE INITIAL ONE:

_____ I am requesting to revise my **SUBSIDIZED** Direct Stafford Loan.

_____ I am requesting to revise my **UNSUBSIDIZED** Direct Stafford Loan.

_____ I am requesting to revise both my **SUBSIDIZED** and **UNSUBSIDIZED** Direct Stafford Loans.

PLEASE INITIAL ONE:

_____ I am requesting to INCREASE my Direct Stafford Loan/s.

_____ I am requesting to DECREASE my Direct Stafford Loan/s.

REVISION AMOUNT: \$ _____

APPLICABLE SEMESTER/S: _____ FALL 2011

_____ SPRING 2012

_____ BOTH

MAKING MY TOTAL AMOUNT REQUESTED FOR THIS ACADEMIC YEAR: \$ _____

** Amount depends on your dependency status and budget. NOTE: You must be in at least 6 credit hours **

My Signature below constitutes that I agree to:

Repay said loans and accept the obligation to repay said loans. I may cancel said loans in writing or via email and/or return said loans to my lender. I must cancel my loans within 14 days of receiving my money. I understand that I may only receive money within my school budget.

I understand if I am only revising one semester my loan for that semester will come in two disbursements.

Signature: _____

Date: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.