



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Office of Financial Aid and Scholarships
3300 Century Avenue North
White Bear Lake, MN 55110
Phone: 651-779-3305
Fax: 651-779-5816

Student Loan Change Form 2024-25

Student Name (Please print) _____ Student ID # or Star ID _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ - _____ - _____ E-mail Address _____
Area Code

Which loan(s) do you want to change? (check all that apply)

Direct Subsidized Loan

Direct Unsubsidized Loan

Direct PLUS Loan

Minnesota SELF Loan

Private Loan _____
Name of Loan

What do you want to change on the loan(s) checked above?

Cancel my loan(s) for: Fall _____ Spring _____ Summer _____

Reduce my loan(s) for: Fall _____ Spring _____ Summer _____ from: \$ _____ to: \$ _____

Before applying for loan funds in the future, please visit the website at https://consumer.gov/sites/default/files/pdf-1020-make-budget-worksheet_form.pdf to complete a Monthly Budget Worksheet.

RETURN THIS FORM TO THE CENTURY COLLEGE OFFICE OF FINANCIAL AID & SCHOLARSHIPS

Student Signature _____ Date _____

Parent Signature (Direct PLUS Loans only) _____ Date _____

Comments:

