



Office of Financial Aid
Dutchess Community College
Orcutt Student Services Center/ Room 104
(845) 431-8030/Fax (845) 431-8603
Email: financial-aid@sunydutchess.edu

2016-2017 Direct Loan Adjustment Form to Request or Increase a Loan

Name _____ Student ID # A _____

PLEASE READ CAREFULLY:

A student cannot request more than his/her annual loan eligibility as determined by the student's academic grade level and federal guidelines. See the chart below.

Choose one of the two options below:

- 1) I am authorizing the awarding of the maximum of my loan eligibility _____ (check if appropriate)
- 2) I want the specific amount of \$ _____ **AND** My new loan total will be \$ _____

(Please note that if you want the loan for the academic year, the total will be divided between the two semesters)

This request is for: **(Choose one option only)**

- _____ **Academic Year**
 _____ **Fall 2016 only**
 _____ **Spring 2017**
 _____ **Summer 2017**

Stafford Loan Limits

Student Grade Level & Dependency Status	Maximum Stafford (Subsidized & Unsubsidized)	Maximum Subsidized
Dependent Freshman (0-29 credits)	\$5,500	\$3,500
Dependent Sophomore (30+ credits)	\$6,500	\$4,500
Independent Freshman (0-29 credits)	\$9,500	\$3,500
Independent Sophomore (30+ credits)	\$10,500	\$4,500

Please note: The deadline for submitting this form for each semester is the last day of classes for each semester as stated in the college catalog: <http://www.sunydutchess.edu/academics/academiccalendar.html>

By signing below, I understand that the Office of Financial Aid will increase or reinstate my Direct Stafford Loan according to what I indicated above and will **accept** the loan on my behalf. I understand that the Office of Financial Aid will award my loan according to federal guidelines and in my best interest. I understand that the fees for my subsidized/unsubsidized loan will be 1.073% of the total and deducted accordingly. I also understand that I will receive a revised award notification on myDCC email once the loan increase or reinstatement has been completed.

Signature _____ Date _____

FOR OFFICE NOTES ONLY: Amount \$ _____ or maximum eligibility \$ _____
 Subsidized _____ Unsubsidized _____ Both _____
 Academic year ____ Fall _____ Spring _____ Summer _____