

STUDENT FINANCIAL SERVICES

DECREASE/DECLINE LOAN FORM



Last Name	First Name	Middle	Maiden
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MTC ID	Phone Number (include area code)
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Driver's License (Include State and Number)	MTC Assigned Email Address
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I authorize Midlands Technical College to:

☐ **Decrease my loan amount to \$**_____ ☐ **Decline my loan**

Check the semester(s) below to Decrease/Decline your loan (Check all that apply):

- ☐ Fall (August – December)
- ☐ Winterim (December – January)
- ☐ Spring (January – May)
- ☐ Maymester (May – June)
- ☐ Summer (May – August)

By signing below, I understand that I am responsible for any uncovered tuition and fees that may have been covered by my student loan and if I am interested in receiving a future loan, I will need to complete a new loan request form.

Student Signature

Date