SUNY Cobleskill
Student Financial Services Office
106 Suffolk Circle
Cobleskill, NY 12043
Phone 518-255-5623
Fax 518-255-5844
Financialaid@cobleskill.edu

Loan Change Form 2026-2027

Student Name: _____

Student ID#: _____

I would like to request an increase/decrease (circle one) of $ _____.00 of Subsidized Federal Loan and/or $ _____.00 Unsubsidized Federal Loan*.

- ❑ Full year
- ❑ Fall 2026 only
- ❑ Spring 2027 only
- ❑ Summer 2026

_____ _____

Student Signature Date

* If this request is due to a Parent Plus Loan being denied an **increase** of up to an additional $4,000 (in an Associates) or $5,000 (in Bachelor's Degree with 60 or more credits) can be added to the **Unsubsidized Loan** for the year.