Adult Studies Loan Adjustment/Cancellation Form 2025-2026

	Last Name		First Name	ID#		
1.	I plan to borro	ow Federal Direct Loa YES NC	ns for the 2025-2026 Academ	tic year. (Circle one)		
2.	I would like my loans to be distributed for the following semesters. (Circle all that apply)					
		Fall 2025	Spring 2026	Summer 2026		
		You must maintain a		uped into semesters (see below) for predits per semester to qualify for		
		Fall Semester	Spring Semester	Summer Semester		
		Session 1	Winter (3weeks)	May term (3 weeks)		
		Session 2	Session 3	Session 5		
			Session 4	Session 6		
				Minimester 1		

federal

3. Will you be receiving other financial assistance while at DeSales? (Circle one) YES NO

If yes, please identify provide more information. If you are receiving Employer Reimbursement, you must notify the Treasurer's Office at treasurer@desales.edu

Minimester 2

Type of Assistance	Semester(s)	Amount
Employer Reimbursement		
Outside Scholarships		
Veteran's Benefits		
Other:		

Student's Signature:	 Date:

Submit completed form to finaid@desales.edu or mail to the Financial Aid Office at the address below: **2755 Station Avenue** Center Valley, PA 18034-9568