

**Loan Adjustment Form 2019-2020**

Name EMPLID

□ **I wish to make the following adjustments to my awards. Please check off the appropriate box(es) below: Sum/Fall/Spr Sum/Fall Fall/Spr Summer only Fall only Spring only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Fund Amount:** | **Reduce by:** | **Increase by:** | **Cancel** |
| Direct Unsubsidized $ |  |  |  |
| Direct Graduate PLUS $ |  |  |  |
| Other $ |  |  |  |

**Please note, loan-processing time is 7-14 business days.**

**Please sign:** I declare that the above information is correct. I understand that if I have accepted a Stafford or Grad PLUS that I must have a Promissory Note on file with my lender before funds will be available, and that I may still reject the loan by submitting a request to the Financial Aid office. I am aware that I may repay the loan early without penalty, except that loan fees will not be rebated in the case of early repayment. I am also aware that I must be registered in at least half time enrollment, Grad/Med- 5crs, in order to be eligible or financial aid.

Signature Date