2017-2018 LOAN ADJUSTMENT FORM

Student Name: ____________________________________________ ID Number: ________________

I understand that by signing this form changes will be processed for the entire academic year by the Office of Financial Assistance. I have discussed cancellations and reductions with my Student Account representative and have arranged to resolve any outstanding balance these adjustments create. I also understand how they impact future semesters. The Student Accounts representative will provide the estimated balance due where applicable.

**CANCELLATIONS:**

Please cancel, for the academic year (Check all that apply):

- [ ] Federal Perkins Loan ______________________
- [ ] Direct Parent Plus Loan ____________________
- [ ] Federal Direct Subsidized Loan ______________
- [ ] Graduate Plus Loan ________________________
- [ ] Federal Direct Unsubsidized Loan ______________
- [ ] Private Loan ________________________________

Student Signature ____________________________________ Date: ______________________

Student Account Representative Signature __________________________ Date ______________

Estimated Balance Due FA2017 ________________________ Estimated Balance Due SP2018 _______________

By signing this I understand this change is for the entire academic year and any balance due will be resolved; unless otherwise noted by the Student Accounts Representative

**REDUCTIONS:**

Please reduce, for the academic year to the listed amount:

- [ ] Federal Direct Subsidized Loan ______________
- [ ] Graduate Plus Loan ________________________
- [ ] Federal Direct Unsubsidized Loan ______________
- [ ] Private Loan ________________________________
- [ ] Direct Parent Plus Loan ______________________

Student Signature ____________________________________ Date: ______________________

Student Account Representative Signature __________________________ Date ______________

Estimated Balance Due FA2017 ________________________ Estimated Balance Due SP2018 _______________

This change will affect all disbursement periods equally. Adjustments can affect the net disbursement because of origination fees, unless otherwise noted by the Student Accounts Representative

**REINSTATEMENTS:**

Please reinstate for the academic year to the loan amount listed:

- [ ] Federal Direct Subsidized Loan ______________
- [ ] Graduate Plus Loan ________________________
- [ ] Federal Direct Unsubsidized Loan ______________
- [ ] Private Loan ________________________________
- [ ] Direct Parent Plus Loan ______________________

Student Signature ____________________________________ Date: ______________________

This change will be processed for all disbursement periods equally.