# 2016-2017 Loan Adjustment Form

My signature authorizes the Financial Assistance Office to make the following changes to my loans. I understand that by signing this form that the changes will be processed for the entire academic year. I have discussed cancellations and reductions with my Student Account representative and have made arrangements to resolve any outstanding balance these adjustments create and 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
- [ ] Federal Direct Subsidized Loan
- [ ] Federal Direct Unsubsidized Loan
- [ ] Graduate Plus Loan

Student Signature: __________________________ Date: _____________

Student Account Representative Signature: __________________________ Date: _____________

Estimated Balance Due FA2016 _______________ Estimated Balance Due SP2017 _______________

By signing this I understand this change is for the entire academic year and any balance due will be resolved.

## Reductions:

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

- [ ] Federal Direct Subsidized Loan _______________
- [ ] Federal Direct Unsubsidized Loan _______________
- [ ] Graduate Plus Loan _______________

Student Signature: __________________________ Date: _____________

Student Account Representative Signature: __________________________ Date: _____________

Estimated Balance Due FA2016 _______________ Estimated Balance Due SP2017 _______________

This change will affect all disbursement periods equally. Adjustments can affect the net disbursement as a result of origination fees. Any balance due created as a result of this adjustment will be resolved.

## Reinstatements:

Please reinstate my:

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

- Federal Direct Subsidized Loan _______________
- Federal Direct Unsubsidized Loan _______________
- Graduate Plus Loan _______________

Student Signature: __________________________ Date: _____________

This change will be processed for all disbursement periods equally.