

**LOAN ADJUSTMENT REQUEST FORM**

**1. CANCEL**

Please CANCEL my loan(s) for Academic Year _____________

Indicate all loans that you wish to CANCEL in FULL:

- _____ Subsidized Federal Direct Loan
- _____ Federal Perkins Loan
- _____ Unsubsidized Federal Direct Loan
- _____ Parent PLUS Federal Direct Loan *
- _____ Graduate PLUS Federal Loan
- _____ Private Loan

**2. REDUCE**

Please REDUCE my loan(s) as follows:

Note: All federal loans are disbursed equally over ALL terms and enrollment, both class and co-op.

- _____ Subsidized Federal Direct Loan from: $ ____________ to: $ ____________
- _____ Federal Perkins Loan from: $ ____________ to: $ ____________
- _____ Unsubsidized Federal Direct Loan from: $ ____________ to: $ ____________
- _____ Parent PLUS Federal Direct Loan from: $ ____________ to: $ ____________
- _____ Graduate PLUS Federal Loan * from: $ ____________ to: $ ____________
- _____ Private Loan from: $ ____________ to: $ ____________

Please Note: If your loan has already been disbursed and a refund has been issued to you either by mail or direct deposit, you are responsible for returning any funds needed to cover the balance on your student account as the result of your loan cancellation or reduction. Unpaid balances may cause a hold to be placed on your account and prevent future registration.

**3. REQUEST TO RETURN FUNDS**

I have a credit of federal or private loan funds and request that Drexel University return these funds to the lender on my behalf.

Please Note: if your loan has already disbursed and a refund has been issued to you either by mail or direct deposit, you are responsible for returning any funds needed to cover the balance on your student account as the result of your loan cancellation or reduction. Unpaid balances may cause a hold to be placed on your account and prevent future registration.

Loan Type: _______________________ Amount: $ _____________________ Semester/Quarter: ________________

My signature is acknowledgment that the above request(s) may result in a balance due based on adjustments to paid or unpaid loan disbursements. It is my responsibility to review my eBill and resolve my balance in order to prevent a late fee and/or financial hold on my account.

Student Name: ___________________________________________  Drexel ID: _______________________

Student Signature: ________________________________________  Date: __________________________

* Parent Signature: ________________________________________  Date: __________________________

(Only required for Parent PLUS Loan adjustments)

Office Use Only: _________________________________________

My signature is acknowledgment that the above request(s) may result in a balance due based on adjustments to paid or unpaid loan disbursements. It is my responsibility to review my eBill and resolve my balance in order to prevent a late fee and/or financial hold on my account.