LOAN ADJUSTMENT REQUEST FORM

1. 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: $ ____________
_____ 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.

2. CANCEL

Please CANCEL my loan(s) for Academic Year ________

Indicate all loans that you wish to CANCEL IN FULL:

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

3. REINSTATE

Please REINSTATE my loan(s) for Semester/Quarters ________

Reinstatement of a previously cancelled or declined loan

Indicate all loans that you wish to REINSTATE:

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

4. REQUEST TO RETURN FUNDS TO MY STUDENT LOAN SERVICER THAT HAVE BEEN DISBURSED

Complete this section if you have made a payment towards your student account and would like to return those funds to your student loan servicer.

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 an 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. An original signature is required; a computer-generated signature will not be accepted.

Student Name: ___________________________________________ Drexel ID: _______________________
Student Signature: ________________________________________ Date: __________________________

* Parent Signature: ________________________________________ Date: __________________________
(Only required for Parent PLUS Loan adjustments)

Office Use Only: ________________________________