Federal Loan Adjustment Form	Weill Cornell Medicine Student Finance
Student Name:	& Records Financial Aid, Student Accounting & Registrar
Class of: 20 Degree Program:	1300 York Avenue Room C-114 New York, NY 10065 T: 212.746.1065 F: 212.746.5981
For Masters specify program:	
I. Federal Direct Unsubsidized Loan – Increase/Replace Contribution	or Budget Increase:
I would like to borrow a Federal Direct Unsubsidized loan in the <u>additional</u> amou	nt of \$
If unsure of the amount, check off below if requesting the maximum allowed (final determination of eligibility is confirmed by Fin Aid)	
Note - Total Direct Unsubsidized loan amount cannot exceed the following limit	amounts per academic year:
☐ MD Students Years 1 & 2: \$42,722	
☐ MD Students Year 3: \$47,167	
MD Students Year 4: \$44,944	
☐ Masters Students: \$20,500	
II. Federal Direct Graduate PLUS Loan - Increase/Replace Contribution or Budget Increase:	
I would like to borrow a Federal Graduate PLUS loan in the additional amount of	s .
Note: Graduate PLUS loan cannot exceed Cost of Attendance budget minus all other aid received.	
III. Federal Direct Unsubsidized/Graduate PLUS Loan – Reduction/Cand	cellation*:
I would like to reduce/cancel my loan by the amount of \$	
*Loan reductions and cancellations are honored in the following order: Grad PLUS first, (Unsubsidized loan(s) second.
 I understand that any changes requested post-disbursement of original fudue on my student bill. 	ınds may result in a balance
Total financial aid cannot exceed the total Cost of Attendance/Budget listed on your Award Letter	
STUDENT'S SIGNATURE DATE	
Return completed form to the Financial Aid Office, 1300 York Avenue, C-114 or email to: finaid@med.cornell.edu	