

2018-19 Federal Loan Adjustment Form



Student Name: _____ Student CWID: _____

Class of 20_____ Degree Program: MD PA Other MS MS/EMBA

For Masters specify program: _____

1300 York Avenue
Room C-114
New York, NY 10065
T: 212.746.1065
F: 212.746.5981

I. Federal Direct Unsubsidized Loan – Increase/Replace Contribution or Budget Increase:

I would like to borrow a Federal Direct Unsubsidized loan in the additional amount of \$_____.

Note - Total Direct Unsubsidized loan amount cannot exceed the following limit amounts per academic year:

- | | |
|---|----------|
| <input type="checkbox"/> MD Students Years 1 & 2: | \$42,722 |
| <input type="checkbox"/> MD Students Year 3: | \$47,167 |
| <input type="checkbox"/> MD Students Year 4: | \$44,944 |
| <input type="checkbox"/> Masters Students: | \$20,500 |

If unsure of the amount, check off below if requesting the maximum allowed (final determination of eligibility is confirmed by Fin Aid)

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 \$_____.

Note: Graduate PLUS loan cannot exceed Cost of Attendance budget minus all other aid received.

III. Federal Direct Unsubsidized/Graduate PLUS Loan – Reduction/Cancellation*:

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 funds may result in a balance due on my student bill.

****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 Office of Financial Aid, 1300 York Avenue, C-114
or email to: finaid@med.cornell.edu