

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 \$_____.

If unsure amount, check off below if requesting the maximum allowed (final determination of eligibility is confirmed by Financial Aid). Loan increases are processed for the academic year unless otherwise requested (e.g. fall only; spring only, etc.).

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 |

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 request*:

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