2019-20
Federal Loan Adjustment Form

Student Name: ____________________________________ Student CWID: ________________

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

For Masters specify program: ____________________________

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

Federal Direct Unsubsidized loan request: Additional amount of $_________________

Select Term: ___ F/SP ___ Fall Only ___ Spring only ___ 3 Trimesters (PA/HPR) ___ 1 Trimester only (PA/HPR)

II. Federal Direct Graduate PLUS Loan - Increase/Replace Contribution/Budget Increase:

Federal Graduate PLUS loan request: Additional amount of $_________________

Select Term: ___ F/SP ___ Fall Only ___ Spring only ___ 3 Trimesters (PA/HPR) ___ 1 Trimester only (PA/HPR)

☐ Check if you would like to include loan fees to the amount(s) above.

| Loan Fees: | Unsub Loan - 1.062% | Grad Plus Loan - 4.248% |

Federal Loan Limits:
Direct Graduate PLUS loan cannot exceed your budget minus all other aid.

Direct Unsubsidized loan amount cannot exceed the following 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

III. Reduction/Cancellation request for Federal Direct Unsubsidized/Graduate PLUS Loan:

I would like to reduce/cancel my loan(s) by the amount of $__________________________

Select Term: ___ F/SP ___ Fall Only ___ Spring only ___ 3 Trimesters (PA/HPR) ___ 1 Trimester only (PA/HPR)

(Loan reductions and cancellations are honored in the following order: Grad PLUS first, Unsubsidized loan(s) second.)

☐ I understand that any reduction/cancellation changes requested post-disbursement of original funds might result in a balance due on my student accounting bill.

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

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