

Loan Adjustment Request Form

Zucker School of Medicine Office of Student Finance 500 Hofstra University Hempstead, NY 11549-5000

email: medicine.finaid@hofstra.edu phone: 516.463.7523 | fax: 516.463.7540

Complete this form to request an *increase*, a *decrease* or *cancel* your student loans for the current academic year. Submit the completed form to the Office of Student Finance and allow 5-7 business days for processing.

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Section 1: STUDENT INFO	RMATION			
Academic Year:				
Year in school: O MS1	O MS2	O MS3	O MS4	
Student Name:			700 Hofstra ID:	
Loan adjustments will be proces	sed as gross dollar	amounts (before o	rigination fees), unless ot	herwise specified
Section 2: LOAN REDUCT	ION/CANCELL	ATION		
☐ I would like to <i>reduce/c</i>	ancel* my loan(s) l	by the following to	tal amount: \$	
fall and sprin	g semesters	fall semester onl	yspring semes	ter only
*Loans will be reduced/cand *Requests to return a previous		•		
Section 3: LOAN INCREAS Must be submitted prior to your I would like to increase	last official date of * my loans by the f	enrollment for the following total amo	ount: \$	
•	_		yspring semes	ter only
☐ Increase will replace all	•			
*Loans will be increased in				
North Shore-LIJ Health loan: \$		ot exceed annual li	imits per academic year	:
	MS1: \$42,722	MS2: \$40,500 lance less all other	MS3: \$47,167 financial aid received	MS4: \$44,944
Section 4: STUDENT CERT	TIFICATION .			
(1) I am responsible for any bala unpaid will result in assessment registration; release of transcript request due to Federal regulation	of late fees in addit and/or diploma; (3	ion to holds being	placed on your account p	reventing future
Student's Signature			Date	