



DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL

## Loan Adjustment Request Form

Zucker School of Medicine  
Office of Student Finance  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: [medicine.finaid@hofstra.edu](mailto: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.

### Section 1: STUDENT INFORMATION

Academic Year:

Year in school:    ☐ MS1                      ☐ MS2                      ☐ MS3                      ☐ MS4

Student Name: \_\_\_\_\_ 700 Hofstra ID: \_\_\_\_\_

### Section 2: LOAN REDUCTION/CANCELLATION

*Loan adjustments will be processed as gross dollar amounts (before origination fees), unless otherwise specified*

- ☐ I would like to **reduce/cancel\*** my loan(s) by the following total amount: \$\_\_\_\_\_
- \_\_\_\_\_ fall and spring semesters                      fall semester only                      \_\_\_\_\_ spring semester only

\*Loans will be reduced/cancelled in the following order: Graduate PLUS, Unsubsidized, NSLIJ-Health loan

\*Requests to **return** a previously disbursed Federal Direct loan must be made within **120 days** of disbursement without having to pay interest or fees on the amount returned.

### Section 3: LOAN INCREASE/REPLACE STUDENT EFC

*Must be submitted prior to your last official date of enrollment for the academic year*

- ☐ I would like to **increase\*** my loans by the following total amount: \$\_\_\_\_\_
- \_\_\_\_\_ fall and spring semesters                      fall semester only                      \_\_\_\_\_ spring semester only

- ☐ Increase will replace all or part of Student Expected Family Contribution (EFC)

\*Loans will be increased in the following order: NSLIJ-Health loan, Unsubsidized, Graduate PLUS

Total loan awards cannot exceed annual limits per academic year:				
North Shore-LIJ Health loan: \$10,000				
Direct Unsubsidized loan:	MS1: \$42,722	MS2: \$40,500	MS3: \$47,167	MS4: \$44,944
Graduate PLUS loan: cannot exceed cost of attendance less all other financial aid received				

### Section 4: STUDENT CERTIFICATION

(1) I am responsible for any balance owed to the University resulting from returning my loan(s); (2) Balances that remain unpaid will result in assessment of late fees in addition to holds being placed on your account preventing future registration; release of transcript and/or diploma; (3) The Office of Student Finance may not be able to process my request due to Federal regulations.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date