

Loan Adjustment Request Form

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

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Complete this form to request an *increase*, *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.

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

Section 1: STUDENT INF Academic Year:	ORMATION			
Year in school: O MS1	O MS2	O MS3	O MS4	
Student Name:			700 Hofstra ID:	
Section 2: LOAN REDUC	TION/CANCELL	ATION		
Requests to return a Federal I interest or loan origination fe			from the disbursement	date without having to pay
☐ I would like to <i>reduce</i>	//cancel* my loan(s)	by the following tota	<u>l</u> gross amount: \$	
fall and spr	ing semesters	fall semester only	spring semes	ster only
*Loans will be reduced/cance	lled in the following o	order: Direct Graduat	te PLUS, Direct Unsub	sidized, NSLIJ-Health loan
Section 3: LOAN INCREAR Request must be submitted pri			for the academic year	
☐ I would like to <i>increa</i>	se* my loans by the f	following total gross	amount: \$	
fall and spring semestersfall semester onlyspring semester only				
*Loans will be increased in th	e following order: NS	SLIJ-Health loan, Dir	ect Unsubsidized, Dire	ct Graduate PLUS
]	Loan totals cannot ex	xceed 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 attend	lance less all other fi	nancial aid received	
Section 4: STUDENT CEST I am responsible for any balant remain unpaid will result in as registration. The Office of Students	ace owed to the Universessment of late fees	in addition to holds l	peing placed on your ac	count preventing future
Student's Signature			Date	