

## Request Adjustment to Federal Student Loan Awards

Students and parents have a right to cancel a loan issued through the Direct Loan Program at any time prior to disbursement, or if the loan has been disbursed, within 120 days of disbursement. To request an adjustment to your loan this form must be filled out in its entirety. You must indicate which loan you would like to reduce or cancel; the term in which the adjustment should take place and the amount of the adjustment.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Application Award Year*

\_\_\_\_\_  
*Student ID#*

\_\_\_\_\_  
*Telephone*

I am requesting the Financial Aid Office to adjust my loan funds. If I am fully cancelling the Fall terms loans I understand the lender will also cancel future disbursements and I have to have the loan reinstated As a result, I may need to complete additional paperwork.

\_\_\_ **Request a Cancellation of my Federal Student Loan(s):**     Subsidized     Unsubsidized     PLUS  
**Term Requested:**     Fall     Spring     Summer    Amount \$ \_\_\_\_\_

\_\_\_ **Request a Reduction of my Federal Student Loan(s):**     Subsidized     Unsubsidized     PLUS  
**Term Requested:**     Fall     Spring     Summer    Amount \$ \_\_\_\_\_

\_\_\_ **Request an Increase of my Federal Student Loan(s):**     Subsidized     Unsubsidized     PLUS  
**Term Requested:**     Fall     Spring     Summer    Amount \$ \_\_\_\_\_

### Student Certification

I understand that my request for a loan adjustment will not be processed until the Financial Aid Office has the results of my FAFSA and have completed the verification process, if required. Rowan College of Burlington County will also enforce the regulation that students must maintain at least half-time enrollment in order to receive disbursements of any loan funds. If I have received a Financial Aid Excess Check and wish to cancel my loans, I must attach the original check to this form and mail it to the Cashier's Office. I understand failure to return these funds may result in a balance due to the College.

By signing my name below, I authorize the college to take the appropriate action based upon my request above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*