FALL/SPRING LOAN ADJUSTMENT REQUEST FORM

1. DECREASE (Only loans that have not been disbursed)
   Please REDUCE my gross loan(s) as follows:
   Note: All federal loans are disbursed equally over ALL terms and enrollment unless the request is for a spring only reduction.
   Please indicate the semester of reduction:
   ___ Federal Direct Unsubsidized Loan
   FALL from: $_______ to: $_______ SPRING from: $_______ to: $_______
   ___ Federal Direct Graduate PLUS Loan
   FALL from: $_______ to: $_______ SPRING from: $_______ to: $_______

2. CANCEL
   Indicate all loans that you wish to CANCEL IN FULL:
   ___ Federal Direct Unsubsidized Loan
   ___ Federal Direct Graduate PLUS Loan
   ___ Private Loan

3. INCREASE
   Please Increase my gross loan(s) as follows:
   Increase of a previously accepted, canceled or declined loan up to my current eligibility. IF you need additional resources beyond the current budget, please submit a Cost of Attendance Adjustment Request form. This is a gross increase to the amount borrowed. The amount borrowed is subject to loan origination fees, reducing the net amount received.
   Please indicate the semester of increase:
   ___ Federal Direct Unsubsidized Loan
   FALL from: $_______ to: $_______ SPRING from: $_______ to: $_______
   ___ Federal Direct Graduate PLUS Loan
   FALL from: $_______ to: $_______ SPRING from: $_______ to: $_______

4. REQUEST TO RETURN FUNDS TO MY STUDENT LOAN SERVICER THAT HAVE BEEN DISBURSED
   Students have 120 days from the date of disbursement of Title IV funds to return funds without incurring interest or origination fees on the amount returned. Complete this section if you have made a payment towards your student account and would like to return those funds to the Department of Education (your lender). Please allow 45 days for this process for this adjustment with your loan servicer.

   Please Note: If your loan has already disbursed and a refund has been issued to you either by mail or direct deposit, you are responsible for returning any funds needed to cover the balance on your student account as the result of your loan cancellation or reduction. Unpaid balances may cause finance charges or a hold to be placed on your account that would prevent future registration.

   Loan Type: _______________________ Amount(Net): $ ___________________ Semester: ________________

   My signature is an acknowledgment that the above request(s) may result in a balance due based on adjustments to paid or unpaid loan disbursements. It is my responsibility to review my eBill and resolve my balance in order to prevent a late fee and/or financial hold on my account. An original signature or adobe certified signature is acceptable (digital font signatures are not acceptable).

   Student Signature: ___________________________ Date: ________________

   Deadline: April 15th
   All submission must be made in person or via medfinan@gwu.edu- please send a password protected PDF

   GWID: _______________________
   Name:_______________________
   Academic Year:_______________
   Expected Graduation Year: ________