

**Loan Adjustment Request Form**

**Name:** \_\_\_\_\_  
LAST NAME FIRST NAME MI

**D.O.B.:** \_\_\_\_\_  
MM DD YYYY EEMPLID

**Address:** \_\_\_\_\_  
NUMBER/STREET APT # CITY STATE ZIP

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

Please Note: If the loan was disbursed and a refund was issued to you before you cancel the loan, you may owe a balance to the College

Direct Subsidized Loan     **\*\*Direct Unsubsidized Loan\*\***

I am requesting a **DECREASE** of my Direct Loan in the amount of: \$ \_\_\_\_\_

Fall                                       Spring

I am requesting a **CANCELLATION\*** of my Direct Loan in the amount of: \$ \_\_\_\_\_

Fall                                       Spring

**Applicant Certification:** My signature below certifies that I understand: **1)** this adjustment form is not a Master Promissory Note (MPN); **2)** that I have completed Direct Loan Entrance Counseling before submitting my request. **3)** The Financial Aid Office will determine my eligibility for Federal Direct Loans. **4)** My Federal Direct Loan request cannot be processed until the Financial Aid Office has received the results of my 2022-2023 FAFSA, collected all required documentation, and determined my application information to be correct. **5)** I must maintain half-time enrollment (**6 credits**) in order to receive any disbursement of Direct Loan funds. **6)** The Direct Loan amount cannot exceed my cost of attendance (COA) minus any other financial aid awarded. **7)** My loan may be reduced at any time due to a change in enrollment or financial aid eligibility. **8)** The Bursars' Office will make any necessary deductions from my Federal Direct Loan to pay my remaining tuition liability before I receive the balance of the funds.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Info**

Office of Financial Aid Kingsborough Community College  
Room U-201  
Phone: (718) 368-4644/5651

**Received by:** \_\_\_\_\_

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