



Preparing people to lead extraordinary lives

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>

2023–2024 Financial Aid Award Adjustment Request

Student Name: _____ Loyola ID: _____

If reducing or cancelling a loan, this form must be submitted no later than 30 days after disbursement. We will process the change and send the funds back to the lender on your behalf. **Note: Reducing or cancelling a loan after it has disbursed may result in a balance on your account.** All amounts should be gross amounts before origination fees are removed.

Check all that apply:

Subsidized Stafford Loan

- Cancel entire loan
- Reduce loan amount to: Fall \$ _____ Spring \$ _____ Summer \$ _____
- Reinstate loan amount to Fall \$ _____ Spring \$ _____ Summer \$ _____

Unsubsidized Stafford Loan

- Cancel entire loan
- Reduce loan amount to: Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____
- Reinstate loan amount to: Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____

Graduate PLUS Loan

- Cancel entire loan
- Reduce loan amount to: Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____
- Increase loan amount to: Total _____ (loan will be evenly split between terms)
- Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____

By signing this form, I authorize Loyola University Chicago to submit a new application that will run a credit check to the Department of Education on my behalf if my credit decision has expired

Other (Alternative loans, work study, etc.) _____ (name of award)

- Cancel entire award
- Reduce award amount to: Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____
- Reinstate award amount to: Fall \$ _____ Winter* \$ _____ Spring \$ _____ Summer \$ _____

Increase loan (only due to change in grade level)

- Sophomore (30-59 credits completed) Junior/Senior (60+ credits completed)

I understand that rejected loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or canceled awards will be reinstated only if requested before the end of the term.

Student Signature** _____

Date _____

*Winter term is for Business students only

**Typed and digital signatures are not acceptable