Financial Aid Adjustment Form

Student’s Name ____________________________, __________________________, __________________________

Last First M. I.

NJIT ID ____________________________

UCID E-mail ____________________________

Award Year ____________________________
(e.g., 2016–2017, 2017–2018, etc.)

Telephone ____________________________

Please Cancel My: (check all that apply)

[ ] Federal Work-Study (FWS)
[ ] Federal Direct Unsubsidized Loan
[ ] Federal Direct Subsidized Loan
[ ] Federal Direct Parent PLUS Loan
[ ] Federal Direct Graduate PLUS Loan
[ ] Private Loan from ____________

Please Reinstated My: (check all that apply)

[ ] Federal Work-Study (FWS)
[ ] Federal Direct Unsubsidized Loan
[ ] Federal Direct Subsidized Loan
[ ] Federal Direct Parent PLUS Loan
[ ] Federal Direct Graduate PLUS Loan
[ ] Private Loan from ____________

Please Adjust My: (check all that apply)

New Amount

For When (check all that apply)

[ ] Federal Direct Unsubsidized Loan $ ____________ ___ Academic Year _____ Fall Only _____ Spring Only
[ ] Federal Direct Subsidized Loan $ ____________ ___ Academic Year _____ Fall Only _____ Spring Only
[ ] Federal Direct Parent PLUS Loan $ ____________ ___ Academic Year _____ Fall Only _____ Spring Only
[ ] Federal Direct Graduate PLUS Loan $ ____________ ___ Academic Year _____ Fall Only _____ Spring Only
[ ] Private Loan from ____________ $ ____________ ___ Academic Year _____ Fall Only _____ Spring Only

Other ______________________________________________________________________________________

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NOTE: If you are requesting your entire federal loans to be processed for one semester or an uneven loan distribution between the Fall and Spring semesters, please explain below why you need your loan to be processed this way.

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Student Signature ____________________________ Date: ____________________________

Parent Signature (Required for Parent PLUS loan) ____________________________ Date: ____________________________

Processed by: ____________________________ Date: ____________________________