

For financial aid used only:
Aid Year Bg5a12()-12()-12()-12()

FINANCIAL AID LOAN ADJUSTMENT REQUEST

STUDENT NAME: _____

___ - ___ ID: 98 ___

This form is for students to request an adjustment in the amount of their student loans. Complete the appropriate section and sign the bottom of this form. Please note if you have already received your loan disbursement for the current quarter your increase or decrease will be effective the following quarter unless requested by the student for the current quarter to be adjusted.

Note: In order to process your request, you must meet with a Financial Aid Officer in person or contact the Financial Aid Department at 415.929.6496 to discuss your request.

<p style="text-align: center;"><input type="checkbox"/> REQUEST TO INCREASE LOANS (Subject to borrowing limits and loan eligibility)</p> <p style="text-align: center;">Check box for quarter/s you wish to apply the increase <input type="checkbox"/> Summer <input type="checkbox"/> Fall Quarter <input type="checkbox"/> Winter <input type="checkbox"/> Spring</p>	<p style="text-align: center;"><input type="checkbox"/> REQUEST TO DECREASE LOANS (The loan with the highest interest rate will be adjusted first)</p> <p style="text-align: center;">Check box for quarter/s you wish to apply the decrease <input type="checkbox"/> Summer <input type="checkbox"/> Fall Quarter <input type="checkbox"/> Winter <input type="checkbox"/> Spring</p>
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Adjustments:*Tuition and mandatory fees

- | | |
|--|--|
| <input type="checkbox"/> Direct Costs only (no living allowance) | <input type="checkbox"/> Student will return refund check to Student Accounts |
| <input type="checkbox"/> Direct Costs plus partial allowance \$ _____ /quarter | <input type="checkbox"/> Student will make a payment to Student accounts to cover balance after loan reduction |
| <input type="checkbox"/> Reduce loan by \$ _____ (net amount) | <input type="checkbox"/> FA Officer will deliver "voided" refund check to Student Accounts |
| <input type="checkbox"/> Increase loan by \$ _____ (net amount) | |

Please check other fees/indirects costs to include in your budget calculations:

- Deposit Refund (1st Year Students Only) ___
- Health Insurance Coverage Funding: ___
Health Insurance through Pacific is mandatory for all students unless a "Health Insurance Waiver" has been approved
- Bookstore Allowance (DDS/IDS student only):
- NBDE I Funding (2nd Year DDS only) ___
- NBDE II Funding (3rd Year DDS only) ___

Notes: _____

For loan decreases only

By checking this box, I certify that I have already received my refund to this loan adjustment. I understand that I need to return the refund check or make a payment to Student Accounts to cover any balance accrued after this adjustment

SIGNATURE TO CERTIFY YOUR REQUEST

Students Signature _____

Date _____