Complete this form to make an adjustment to your federal financial aid loan offers. The adjustment may include canceling a portion of your accepted loans, accepting loans that you previously declined, or making an adjustment to a previously accepted Parent PLUS loan amount. Please make sure that this form includes all necessary handwritten signatures.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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**DIRECTIONS:** only complete sections relevant to your needs. You do not need to complete each section listed below. Submit completed forms via fax (757.352.4118) or email (faforms@regent.edu).

I request to:

1) **RETURN FUNDS TO MY STUDENT LOAN SERVICER:**
   Complete this section if you have made a payment towards your student account and would like to return those funds to your student loan servicer.

   $ ____________ in Subsidized Loans
   $ ____________ in Unsubsidized Loans
   $ ____________ in Grad PLUS Loans

2) **CANCEL A PORTION OF MY LOANS:**
   Complete this section if you need cancel a portion of the loan amount you accepted for a specific semester or Aid Period.

   $ ____________ in Subsidized Loans for the _____ semester or ☐ Entire Year
   $ ____________ in Unsubsidized Loans for the _____ semester or ☐ Entire Year
   $ ____________ in Grad PLUS Loans for the _____ semester or ☐ Entire Year
   $ ____________ in Private Loans for the _____ semester or ☐ Entire Year

   *Any dollars already refunded to you must be returned to the lender!

3) **ACCEPT ADDITIONAL LOANS (PREVIOUSLY DECLINED/CANCELED LOANS OR GRAD PLUS LOANS):**
   Please note that loan increases must be provided to you in equal disbursements over your enrollment period.

   $ ____________ in Subsidized Loans
   $ ____________ in Unsubsidized Loans
   $ ____________ in Grad PLUS Loans

4) **ADJUST MY PARENT PLUS LOAN (REQUIRES SIGNATURE OF PARENT WHO APPLIED):**
   Please note that loan increases must be provided to you in equal disbursements over your enrollment period.

   **ACCEPT:**
   $ ____________ in additional Parent PLUS loans for the _____ semester or ☐ Entire Year

   **DECLINE:**
   $ ____________ in additional Parent PLUS loans for the _____ semester or ☐ Entire Year

   **PARENT SIGNATURE:** ___________________________      **DATE:** ___________________________

I authorize Regent University to submit a loan application in my name and further acknowledge that the lender will perform a credit check prior to issuing any PLUS loans. I understand that if the amount of loan funds I request are in excess of my Cost of Attendance, I will only be awarded up to the Cost of Attendance.

<table>
<thead>
<tr>
<th>Student Signature</th>
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