



2024-2025 LOAN ADJUSTMENT FORM

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.***

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

STUDENT ID NUMBER _____

BIRTHDATE _____

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.

Student Signature _____

Date _____

