

For financial aid used only:
Aid Year:
Processed Date:
Processed by:

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 loan 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 <u>must</u> meet with a Financial Aid Officer in person or contact the Financial Aid Department at 415.929.6496 to discuss your request.

_ REQUEST TO INCREASE LOANS **REQUEST TO DECREASE LOANS** (The loan with the highest interest rate will be adjusted first) (Subject to borrowing limits and loan eligibility) Check box for quarter/s you wish to apply the increase Check box for quarter/s you wish to apply the decrease ___ Summer ___ Fall Quarter ___ Winter ___ Spring ____ Summer ____ Fall Quarter ____ Winter ___ Spring Adjustments: *Tuition and mandatory fees For financial aid used only: Direct Costs* only (no living allowance) ___ Student will return refund check to Student Accounts Student will make a payment to Student accounts to cover ___ Direct Costs* plus partial allowance \$ _____ /quarter balance after loan reduction ____ FA Officer will deliver "voided" refund check to Student ___ Reduce loan by \$ ______ (net amount) Accounts 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 prior 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