



**SUNY
DOWNSTATE
Medical Center**

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592

Loan Adjustment Form 2009-10

Name _____ ID _____

I wish to make the following adjustments to my awards. Please check off the appropriate box(es) below:

Sum/Fall/Spr _____ Sum/Fall _____ Fall/Spr _____ Summer only _____ Fall only _____ Spring only _____

Financial Aid offered	Reduce	Increase	Cancel
Stafford Subsidized			
Stafford Unsubsidized			
Direct Subsidized			
Direct Unsubsidized			
Grad PLUS			
Perkins			
Alternative Loan			
PLUS			

Please note, loan processing time is 7-14 business days.

Please sign: I declare that the above information is correct. I understand that if I have accepted a Stafford, Grad PLUS, Perkins or alternative loan that I must have a Promissory Note on file with my lender before funds will be available, and that I may still reject the loan by submitting a request to the Financial Aid office. I am also aware that I may repay the loan early without penalty, except that loan fees will not be rebated in the case of early repayment.

Signature

Date