



SUNY
DOWNSTATE
Medical Center

**Graduate Loan Adjustment Form
2017-2018**

Name _____ ID _____

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

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

Current Fund Amount:	Reduce by:	Increase by:	Cancel
Direct Unsubsidized			
Graduate PLUS Loan			
Federal Work Study			
Alternative (Private) Loan			

Loan processing time is 7-10 business days.

Please sign: I declare that the above information is correct. I understand that if I have accepted a Stafford, Graduate Plus 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 aware that I may repay the loan early without penalty, except that loan fees will not be rebated in the case of early repayment. I am also aware that I must be registered in at least half time enrollment (GR - 5crs.) in order to be eligible for financial aid.

Signature

Date

[Office of Student Financial Aid](#)
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592
Financialaid@downstate.edu