2019-2020
Loan Adjustment Request Form

Student Name: ___________________________  Student ID: ___________________________

Please use this form to adjust loans for which you have already received a disbursement. If you wish to reduce or cancel an undisbursed loan, please email the Financial Aid Office at uwwfao@uww.edu.

1. Indicate the loan you would like to adjust. Check only one loan type. Please use separate forms for multiple requests.
   - [ ] Subsidized Direct Loan
   - [ ] Unsubsidized Direct Loan
   - [ ] Parent PLUS Loan*
   - [ ] Graduate PLUS Loan
   - [ ] Alternative Loan: Lender ______________________

Please note: If you have multiple loans, the Financial Aid Office recommends that you carefully review the loan terms before deciding which loan to reduce. Please visit http://www.uww.edu/financialaid/types-of-aid/loans for information on loans.

2. Indicate if you would like the loan cancelled or reduced. For “reduced by,” please write in the amount you are returning. This amount should match the amount of the check. Loans must be adjusted to the nearest whole dollar.
   - [ ] Cancelled
   - [ ] Reduced by: $__________00

3. Indicate the semester for which you are adjusting a loan. If you would like your loan adjusted equally between Fall and Spring, please check both semesters.
   - [ ] Fall 2019  [ ] Spring 2020  [ ] Summer 2020

Student Signature: ___________________________  Date: ___________________________

* Parent Borrower Name: ___________________________  Date: ___________________________

* Parent Borrower Signature: ___________________________  Date: ___________________________

Phone Number: ________________________________

*For adjustments to PLUS Loans, please have the parent who borrowed the loan sign this form.

Mail this form with the refund check to:
UW-Whitewater Cashier’s Office
P.O. Box 88
Whitewater, WI 53190

Or drop off at Hyer Hall Room 110

If you have already cashed the refund check, please make check payable to UW-Whitewater.

FOR OFFICE USE ONLY
Do Not Refund Hold applied to account by Cashier’s Office: ________  ________

Initials  Date