



Office of Financial Aid

Phone: 610-902-8188
Email: financialaid@cabrini.edu

LOAN ADJUSTMENT FORM

Reduce

I would like to Reduce one or more of my loan(s) below for the semester/academic year

Please note that all federal loans are disbursed equally over fall/spring semesters

- Subsidized Loan from: \$ to: \$
Unsubsidized Loan from: \$ to: \$
Parent Plus Loan* from: \$ to: \$
Graduate Plus Loan from: \$ to: \$
Graduate Unsubsidized Loan from: \$ to: \$
Private Loan from: \$ to: \$

Cancel

I would like to cancel one or more of my loan(s) below for the semester/academic year

Please select the loan(s) in which you wish to cancel in full for the semester/academic year

- Subsidized Loan Graduate Plus Loan
Unsubsidized Loan Graduate Unsubsidized Loan
Parent Plus Loan* Private Loan

Reinstate

I would like to reinstate one or more of my loan(s) below for the semester/academic year

Please select the cancelled loan(s) in which you wish to reinstate in full for the semester/academic year

- Subsidized Loan Graduate Plus Loan
Unsubsidized Loan Graduate Unsubsidized Loan
Parent Plus Loan* Private Loan

I acknowledge with my signature, that the requested loan adjustments above, may result in a balance due on my student account based on adjustments to already paid or current pending federal loan disbursements. It is the responsibility of the student to review eBill statements and to resolve the balance to prevent any late fees, financial holds on their account. Students/Parents must sign with original hand signature, as typed signatures are not acceptable.

Student Name: Cabrini ID#

Student Signature: Date:

Parent Signature: Date:

*Required of borrowing parent, for Parent Plus Loan adjustment request

Office of Financial Aid Use Only

Date received:

Date processed:

Financial Aid Officer signature: