Financial Aid Office
1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704
Scan completed form and upload to https://forms.luc.edu/faoupload

LOYOLA UNIVERSITY CHICAGO 1870 AD MAJOREM DEI GLORIAM

Preparing people to lead extraordinary lives

2024–2025 Financial Aid Award Adjustment Request

Student Name:_____ **Loyola ID:** _____

If reducing or cancelling a loan, this form must be submitted no later than 30 days after disbursement. We will process the change and send the funds back to the lender on your behalf. **Note: Reducing or cancelling a loan after it has disbursed may result in a balance on your account.** All amounts should be gross amounts before origination fees are removed.

Check all that apply:

Subsidized Stafford Loan

☐ Cancel entire loan
☐ Reduce loan amount to: ☐ Fall $ _____ ☐ Spring $_____ ☐ Summer $_____
☐ Reinstate loan amount to ☐ Fall $_____ ☐ Spring $_____ ☐ Summer $_____

Unsubsidized Stafford Loan

☐ Cancel entire loan
☐ Reduce loan amount to: ☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____
☐ Reinstate loan amount to: ☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____

Graduate PLUS Loan

☐ Cancel entire loan
☐ Reduce loan amount to: ☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____
☐ Increase loan amount to: ☐ Total _____ (loan will be evenly split between terms)
☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____

By signing this form, I authorize Loyola University Chicago to submit a new application that will run a credit check to the Department of Education on my behalf if my credit decision has expired

Other (Alternative loans, work study, etc.) _____ (**name of award**)
☐ Cancel entire award
☐ Reduce award amount to: ☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____
☐ Reinstate award amount to: ☐ Fall $_____ ☐ Winter* $_____ ☐ Spring $_____ ☐ Summer $_____

Increase loan (only due to change in grade level)
☐ Sophomore (30-59 credits completed) ☐ Junior/Senior (60+ credits completed)

I understand that rejected loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or canceled awards will be reinstated only if requested before the end of the term.

_____ _____
Student Signature** Date

**Winter term is for Business students only*

***Typed and digital signatures are not acceptable*

RD 2025