



DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL

## Loan Adjustment Request Form

Zucker School of Medicine  
Office of Student Finance  
500 Hofstra University  
Hempstead, NY 11549-5000  
email: [medicine.finaid@hofstra.edu](mailto:medicine.finaid@hofstra.edu)  
phone: 516.463.7523 | fax: 516.463.7540

Complete this form to request an *increase, decrease or cancel* your student loans for the current academic year. Submit the completed form to the Office of Student Finance and allow 5-7 business days for processing.

*Loan adjustments will be processed as **gross** dollar amounts (before origination fees), unless otherwise specified*

### Section 1: STUDENT INFORMATION

Academic Year: \_\_\_\_\_

Year in school:    ☐ MS1                      ☐ MS2                      ☐ MS3                      ☐ MS4

Student Name: \_\_\_\_\_ 700 Hofstra ID: \_\_\_\_\_

### Section 2: LOAN RETURN

*Requests to return a Federal Direct loan must be made within **120 days** from the disbursement date without having to pay interest or loan origination fees on the amount returned*

☐ I would like to **return/reduce\*** my loan(s) by the following total gross amount: \$ \_\_\_\_\_  
                                    \_\_\_fall and spring semesters                      \_\_\_fall semester only                      \_\_\_spring semester only

\*Loans will be returned/reduced in the following order unless otherwise specified: Grad PLUS, Unsubsidized, NSLIJ

### Section 3: LOAN INCREASE

*Request must be submitted prior to your last official date of enrollment for the academic year*

☐ I would like to **increase\*** my loans by the following total gross amount: \$ \_\_\_\_\_  
                                    \_\_\_fall and spring semesters                      \_\_\_fall semester only                      \_\_\_spring semester only

\*Loans will be increased in the following order unless otherwise specified: NSLIJ, Unsubsidized, Grad PLUS

Loan totals cannot exceed annual limits per academic year:				
North Shore-LIJ Health loan: \$12,000				
Direct Unsubsidized loan:	MS1: \$42,722	MS2: \$40,500	MS3: \$47,167	MS4: \$44,944
Graduate PLUS loan: cannot exceed cost of attendance less all other financial aid received				

### Section 4: STUDENT CERTIFICATION

I am responsible for any balance owed to the University resulting from returning or reducing my loan(s). Balances that remain unpaid will result in assessment of late fees in addition to holds being placed on your account preventing future registration. The Office of Student Finance may not be able to process my request due to Federal regulations.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date