



2025-2026 Loan Adjustment Form

Student Name: _____

Student ID: _____

Use this form to request a change to the **loan aid you have already accepted or declined** in UCD Access.

Important Information

- You have **45 days from the date your aid is disbursed** to your student billing (Bursar) account to request a return of unneeded loan funds.
- Origination fees and interest are waived for the returned amount.
- Forms are processed in the **order received**. Please allow **approximately one week** for processing and follow-up communication.
- Definitions:** *Increase* a loan means to add to the amount of aid already accepted. *Decrease* a loan means to return a refund and/or reduce the amount applied to your billing account.

Loan Adjustment Information

Action:	Loan Type:	Amount:	Term:
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Comment box: *Use this space to explain your request further:*

Student Acknowledgements:

- Any adjustments requested must be within the annual and lifetime aggregate Stafford Direct Loan limits and Cost of Attendance (COA) calculated by the FASO.
- Decreasing a Direct Loan will be processed by the gross amount
Example: a requested \$1,000 reduction will generate an account balance of \$989 for the student to pay; the remaining \$11 is the loan origination fee and will be refunded by Direct Loans. The principal balance reduction will be \$1,000 less for this borrower's indebtedness.
- If increasing or decreasing loan funds for multiple semesters, the amount will be **evenly split** between them.
Example: \$1,000 for Fall & Spring = \$500 each semester
- The FASO will reduce or cancel loans starting with the **type with the highest interest rate**.
Example: PLUS before Unsubsidized Stafford, and we will email students a revised award letter for notification.
- If decreasing an already disbursed loan, I am responsible for **monitoring UCD Access** and making **timely payments** to avoid student account holds or late fees.
- Requests to **increase Direct Loans** (Subsidized/Unsubsidized Stafford, Graduate or Parent PLUS) must be accepted in UCD Access **at least two weeks before** the Bursar's bill due date or the end of the semester.
- FASO **will not request late fee waivers** on my behalf.

By signing below, I acknowledge that I have read and understood the above information.

Signature: _____ Date: _____