

Loan Revision



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

2018-19 Aid Year

I _____ would like to *increase/decrease/cancel* my *Sub/Unsub/PLUS*
(name) (circle one) (circle one)

loan in the gross amount of \$ _____ for the following term(s):

(Circle one)

Fall

Spring

Summer

Fall & Spring

Fall, Spring & Summer

Term 1 & Term 2 (EMPS students only)

Term 1 (EMPS students only)

Term 2 (EMPS students only)

Note: *One-term loan increases will be processed as a separate loan for the term indicated and will not be approved if the increase creates an over-award for the term or aid year. Loan increases for multiple terms will be equally split between each term (this includes the Summer Header term for Physician Assistant Students.) Loan reductions for a Fall award will require an equal reduction of the Spring award.*

Name: _____

ID: _____

Signature: _____

Date: _____