

Loan Revision



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

2019-20 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

Summer, Fall & Spring (PA student only)

Term 1 & Term 2 (EMPS students only)

Term 1 (EMPS students only)

Term 2 (EMPS students only)

Term 3 (EMPS students only)

Term 4 (EMPS students only)

Reminders: Do NOT include any previously accepted loan in your current request. Include ONLY the amount by which you wish to revise your loan. The Department of Education charges a loan processing fee for each disbursement. You will need to consider these processing fees when determining the amount you wish to increase. Please contact our office if you need assistance determining the correct loan revision amount.

Notes: 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 one term requires an equal reduction of any/all future term disbursements. **Example:** Fall reduction requires an equal reduction of the Spring award.

Name: _____

ID: _____

Signature: _____

Date: _____