



2016-2017 Loan Adjustment Form

Financial Aid Office | Western University of Health Sciences | 309 E. 2nd St., POMONA, CA 91766; 200 Mullins Dr., LEBANON, OR 97355 | (909) 469-5353

Your request must be submitted 10 days prior to the end of the academic year to ensure proper processing.

GENERAL INSTRUCTIONS: Please complete the appropriate box on page 2, sign, and return to the Financial Aid Office. Please allow up to 10 business days for your request to be processed.

Mail: To either mailing address shown above

Email: To finaid@westernu.edu. Acceptable only if emailed from your WesternU email account.

RETURN SECTION: Complete this section if you have already received loan funds and you would like to return them.

- Indicate the amount of the return and indicate which loan fund to apply the return towards.
- A Financial Aid Counselor will process your request and will email you upon completion. Once you receive this email, please make your online payment within 48 hours.
 - For detailed instructions on how to make an online payment, please visit: <http://www.westernu.edu/bursar/payment-options/login-instructions/>.
- **Interest and Origination Fee Cancellation:** To cancel interest and origination fees associated with the loan amount of the return, the return request must be processed within 120 days of disbursement. If you return funds before the academic year ends, but beyond 120 days of disbursement, waiving of interest and origination fees is at the discretion of your loan servicer.
- Please be certain of the amount you wish to have returned. Once submitted, it will be 10 business days before any additional adjustments can be made.

ADJUSTMENT SECTION: Complete this section to increase, reduce or cancel your future loan disbursement(s).

INCREASE

- **Disbursement:** Your loan(s) will be adjusted by the GROSS amount and the origination fee will be deducted from the GROSS amount at disbursement. Also, per federal regulations, you will receive TWO equal disbursements on the normal scheduled disbursement dates of the total amount requested. EXCEPTION: Nursing or Allied Health Program students will receive THREE equal disbursements on the normal scheduled disbursement dates. If the scheduled disbursement dates have passed, you will receive the full amount requested.
- **First Time Loan Borrowers:** You may be required to complete a Master Promissory Note and Entrance Loan Counseling online at <https://studentloans.gov/myDirectLoan/index.action>.
- **Credit Approval:** If you are increasing your Grad PLUS Loan, please understand that this loan is based on creditworthiness, and may require an additional credit check.

REDUCE OR CANCEL

- **Re-borrowing Funds:** If you've cancelled or returned funds, you may re-request the funds later in the academic year, but the funds will be disbursed evenly between the semesters of enrollment.

LOAN RATES & FEES INFORMATION

	INTEREST RATE		ORIGINATION FEE	
	First disbursed between 7/1/2015 to 6/30/2016	First disbursed between 7/1/2016 to 6/30/2017	First disbursed on or after 10/1/2015 and before 10/1/2016	First disbursed on or after 10/1/2016 and before 10/1/2017
Direct Unsubsidized Loan	5.84%	5.31%	1.068%	1.069%
Graduate PLUS Loan	6.84%	6.31%	4.272%	4.276%



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Last Name

First Name

ID Number @

Program/Grad Year

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RETURN SECTION

I would like to **RETURN** the loan funds which I have received in the amount of \$_____.
(indicate WHOLE dollars – **no cents**) towards the following loan program(s):

____ Grad PLUS ____ Unsubsidized ____ Other:

ADJUSTMENT SECTION

INCREASE

I would like to **INCREASE** my loan by \$_____

IMPORTANT: Please read the Adjustment Section on page 1.

REDUCE

I would like to **REDUCE** my future loan disbursement(s) to the following amount(s):

\$_____ Fall term \$_____ Spring term \$_____ Summer term

CANCEL

I would like to **CANCEL** my future loan disbursement(s) for the following term(s):

_____ Fall term _____ Spring term _____ Summer term

COMMENT SECTION

COMMENT/EXPLANATION about the request(s) above:

STUDENT SIGNATURE

DATE:

FOR OFFICE USE ONLY:

FAC Initials _____ Processed Date _____

Loan Changes:

= from _____ to _____

= from _____ to _____