

— Barnes-Jewish College —  
**GOLDFARB SCHOOL of NURSING**  
 ————— BJC HealthCare —————

This form contains Personally Identifiable Information

**2024-2025 Student Loan Adjustment Form**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You may use this form to make adjustments to your federal Direct Stafford student loans. Please allow 3-5 business days for processing, and you will receive an updated award letter in the mail after the revision has occurred. Funds are only able to be moved within an academic year, not across academic years.

- **I previously declined a federal loan offer. Please reinstate:** *(Select all loan types you want to reinstate)*

Direct Subsidized Loan \$ \_\_\_\_\_ Direct Unsubsidized Loan \$ \_\_\_\_\_

- **I previously accepted part or all of my loan offer and I want to:**      Increase                      Decrease

<b>Direct Subsidized Loan</b>	by \$ _____	For a new total of \$ _____	Term(s): SU    FA    SP
<b>Direct Unsubsidized Loan</b>	by \$ _____	For a new total of \$ _____	Term(s): SU    FA    SP

- **Please cancel a disbursement of my loan** *(Select all terms and loan types you want to cancel)*

Summer 2024		Fall 2024		Spring 2025	
Subsidized	Unsubsidized	Subsidized	Unsubsidized	Subsidized	Unsubsidized

*Note: Cancellation of a disbursement must be within 30 days of your disbursement notification sent from the Financial Aid Office if for the same term. Loans may also be cancelled in advance of a future term.*

- **Please cancel my entire academic year loan** *(Select all loan types you want to cancel)*

Direct Subsidized Loan

Direct Unsubsidized Loan

**If you are wanting to make an adjustment to a private alternative loan, please contact your Financial Aid Counselor directly for assistance.**

**Student Certification**

I have completely read this form and understand I am responsible for any balance owed as a result of my loan adjustment request. I understand non-payment of a balance will lead to holds on my account, which may also result in the inability to register for my next term, obtain my official transcript, or receive my diploma. Additionally, I understand non-payment of my balance for an extended time may result in my account being turned over to a credit bureau. I understand that purposely providing false or misleading information may result in being fined, sentenced to jail, or both. Lastly, I understand that the Financial Aid Office may not be able to satisfy my request due to federal regulations or limits.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date