



Student borrowers or parent borrowers wishing to cancel or adjust a loan should complete this form. Depending upon your request, you may be asked for further clarification. Questions on how to complete the form? Please contact the Office of Financial Aid Services at [finaid@moravian.edu](mailto:finaid@moravian.edu) or 610-861-1330.

### A. Student's Information:

Student's Full Name: \_\_\_\_\_ Moravian ID: \_\_\_\_\_

### B. Loan Adjustment:

For each loan you wish to adjust, select one option from the general request list provided that aligns with your intent. Feel free to indicate in the comments anything particular you want to note about your request. Note that any requests to increase a loan may require additional eligibility determinations. If adjusting more than two loans, please complete and submit an additional form.

#### LOAN #1: Select Loan:

Unsubsidized Federal Direct Loan  
Subsidized Federal Direct Loan  
Private Alternative Loan  
Federal PLUS Loan

#### Select Loan Term:

Entire 2020 -2021 Academic Year  
Fall 2020 Semester Only  
Winter 2021 Only  
Spring 2021 Semester Only  
Summer 2021 Only

#### I would like to:

Cancel the loan

Adjust the loan to cover the account balance completely so there is \$0 due and no credit created on the account

Increase this loan to a specific dollar amount:

Decrease this loan to a specific dollar amount:

Reallocate my loan in the following way:

Additional Comments: \_\_\_\_\_

#### LOAN #2: Select Loan:

Unsubsidized Federal Direct Loan  
Subsidized Federal Direct Loan  
Private Alternative Loan  
Federal PLUS Loan

#### Select Loan Term:

Entire 2020 -2021 Academic Year  
Fall 2020 Semester Only  
Winter 2021 Only  
Spring 2021 Semester Only  
Summer 2021 Only

#### I would like to:

Cancel the loan

Adjust the loan to cover the account balance completely so there is \$0 due and no credit created on the account

Increase this loan to a specific dollar amount:

Decrease this loan to a specific dollar amount:

Reallocate my loan in the following way:

Additional Comments: \_\_\_\_\_

### C. Borrower's Signature

By signing below, I understand that if an adjustment to my loan results in a balance due, I am required to pay this balance by using other resources.

**Borrower's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Student signature required for student loans- Parent signature required for Parent PLUS Loans)*

Please return your completed form to the Office of Financial Aid Services via:

Mail (1200 Main Street Bethlehem, PA 18018)

Fax (610-861-1346)

Electronically through [Xmedius SendSecure](#)

In-person (1st floor Colonial Hall)