



Student Loan Revision Request – Aid Year 2022-2023

Clinton School – EMPS Students ONLY

Office of Financial Aid

Return form to: financialaid@uams.edu or mail to: 4301 W. Markham St., Slot 864, Little Rock, AR 72205

Phone: (501) 686-5451 Fax: (501) 686-8002

If emailed, the form **MUST** be sent from the student's UAMS email address.

Student Information

Name: _____ Student ID#: _____ Date: _____

Section 1: Return of UAMS Refund

Complete this section **ONLY** if you are returning the amount of a refund issued by UAMS for a particular term. The Financial Aid office can return funds to your loan servicer, on your behalf, within 120 days from the date of disbursement. After this time, it is the student's responsibility to return the funds. One-term loan reductions require an equal reduction of any/all future term disbursements. *Example:* Fall reduction requires an equal reduction of the Spring award. The loan type reduced will be made based on what is in the best interest of the student. **Please check one of the boxes below:**

- My original refund check is attached to this form – Check# _____ Check Amount _____
- My original refund check is NOT attached to this form. I am prepared to pay any balance owed to UAMS based on the adjustment of my student loan(s). Please cancel the total amount of my student refund for –

Circle one - Term 1 Term 2 Term 3 Term 4

- My refund was direct deposited to my bank account. I am prepared to pay any balance owed to UAMS based on the adjustment of my student loan(s). Please cancel the total amount of my student refund for –

Circle one - Term 1 Term 2 Term 3 Term 4

Your check/direct deposit amount reflects the **net** loan amount received after fees have been applied. Your loan will be reduced by the **gross** loan amount to account for the reduction in fees.

Section 2: Loan Increase Request

Do **NOT** include any previously accepted loan amount in your current request. Include **ONLY** the amount by which you wish to increase your loan. 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 MUST be equally split between each term (this includes the Summer Header term for Physician Assistant Students.)** The Department of Education charges a loan processing fee for each disbursement. You will need to consider this processing fee when determining the amount you wish to increase. Please contact our office if you need assistance determining the correct loan revision amount. **Enter the amount you would like to add to your existing loan amount:**

Loan Type	Term 1	Term 2	Term 3	Term 4
Federal Unsubsidized Loan:	\$ _____	\$ _____	\$ _____	\$ _____
Federal Graduate PLUS Loan:	\$ _____	\$ _____	\$ _____	\$ _____

Section 3: Loan Reduction/Cancellation Request

Reductions/cancellations will only be applied to undisbursed amounts or amounts disbursed within the last 120 days. After this time, it is the student's responsibility to return funds to the loan servicer. One-term loan reductions require an equal reduction of any/all future term disbursements. *Example:* Fall reduction requires an equal reduction of the Spring award. **Enter the amount you would like to return. To cancel a loan in full, write "cancel" under the appropriate term(s):**

Loan Type	Term 1	Term 2	Term 3	Term 4
Federal Unsubsidized Loan:	\$ _____	\$ _____	\$ _____	\$ _____
Federal Graduate PLUS Loan:	\$ _____	\$ _____	\$ _____	\$ _____

The adjustment on your student account will reflect the **net** loan amount. Your loan will be reduced by the **gross** loan amount to account for the reduction in fees. You will be responsible for any balance owed to UAMS based on the adjustment of your student loan(s).

Signature and Authorization to Process Request

Student Signature: _____ Student ID# _____ Date: _____