



Student Loan Revision Request – Aid Year 2024-2025

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: _____

COMPLETE ONLY ONE SECTION, PER FORM

Section 1: Return of UAMS Refund-(must be within the first 10 days of class (14 calendar days))

Complete this section **ONLY** if you are returning the amount of a refund issued by UAMS. **The Financial Aid office will return funds to your loan servicer, on your behalf, only within the first 10 days of class (14 calendar days).** After this time, it is the student's responsibility to return funds directly to the loan servicer. **The student can return all or part of the loan within 120 days of disbursement and no interest or fees will be charged.** 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 within 2 days to UAMS based on the adjustment of my student loan(s). Please cancel the total amount of my student refund for –

Circle one - Summer Header (PA only) Fall Spring Summer Trailer

My refund was direct deposited to my bank account. I am prepared to pay any balance within 2 days owed to UAMS based on the adjustment of my student loan(s). Please cancel the total amount of my student refund for –

Circle one - Summer Header (PA only) Fall Spring Summer Trailer

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	Summer Header (PA Only)	Fall	Spring	Summer Trailer
Federal Subsidized Loan: (Undergraduate only)	\$	\$	\$	\$
Federal Unsubsidized Loan:	\$	\$	\$	\$
Federal Graduate PLUS Loan:	\$	\$	\$	\$

*If not eligible for the full subsidized loan amount requested, I authorize that an unsubsidized loan be processed in its place (initial) _____

Section 3: Loan Reduction/Cancellation Request - (must be within the first 10 days of class (14 calendar days))

Reductions/cancellations will only be applied to undisbursed amounts or amounts disbursed within the first 10 days of class (14 calendar days). After this time, it is the student's responsibility to return the funds directly to the loan servicer. The student can return all or part of the loan within 120 days of disbursement and no interest or fees will be charged.

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	Summer Header (PA Only)	Fall	Spring	Summer Trailer
Federal Subsidized Loan: (Undergraduate only)	\$	\$	\$	\$
Federal Unsubsidized Loan:	\$	\$	\$	\$
Federal Graduate PLUS Loan:	\$	\$	\$	\$
Other _____: e.g. Health Professions, Nursing Loan, etc.	\$	\$	\$	\$

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: _____