UCLA School of Dentistry

Financial Aid Office—Dental School

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2018-2019 LOAN ADJUSTMENT REQUEST

Name: Last	First	Class Year	UCLA 9-Digit ID#
	1 0	•	Federal Loan(s) and/or Private Loan. f enrollment period/term.*
_	gulations require that a luring 2018-19.	all loans offered mus	st be divided equally across terms of
Maximum I	Federal Direct Unsubs	idized loan (9 month	ns \$40,500, 12 months \$47,167)
LOAN ADJUSTMI	ENT (check all that ap	ply):	
•	isbursements: ☐ Fall Q ☐ Unsubsidized ☐ Grad	-	rter Spring Quarter ve Loan (Private non-Federal)
☐ Perkins ☐	loan (you will be billed Unsubsidized Grac ncel Direct Loans disbu	d PLUS Alternativ	ve Loan (Private non-Federal)
Reduce my loan by \$ Enter the new requested Loan amount \$ Perkins \(\bar{\pi} \) Unsubsidized \(\bar{\pi} \) Grad PLUS \(\bar{\pi} \) Alternative Loan (Private non-Federal)			
Other Reduction	requests not listed: Plea	ase Explain	
	ously canceled loan: En zed Grad PLUS	ter the reinstated Loa	an amount \$
☐ Increase my loan☐ Unsubsidi	by \$ zed □ Grad PLUS		
	•	- · · · · · · · · · · · · · · · · · · ·	ed on MyUCLA (www.my.ucla.edu) when your ny increases to loan amounts.
Student Signature			Date