

**UNIVERSITY OF MARYLAND, BALTIMORE
2009-2010 FINANCIAL AID
LOAN ADJUSTMENT AUTHORIZATION FORM**

DATE: _____

NAME: _____

STUDENT ID: _____

PROGRAM: _____

PHONE NUMBER: _____

I WOULD LIKE TO REQUEST ADDITIONAL LOAN FUNDS IN THE AMOUNT OF:

\$ _____

I UNDERSTAND THAT I MUST PRESENT THIS FORM TO MY COUNSELOR, WHO WILL DETERMINE MY ELIGIBILITY FOR THIS INCREASE AND PROVIDE ME WITH INFORMATION AS TO WHAT FURTHER STEPS, IF NECESSARY, ARE REQUIRED.

I WOULD LIKE TO REQUEST OR ACKNOWLEDGE A REDUCTION OF MY LOAN FUNDS IN THE AMOUNT OF:

\$ _____

I UNDERSTAND THAT THIS REDUCTION IS EITHER AT MY BEHEST OR IS NECESSARY DUE TO A CHANGE IN MY ELIGIBILITY, A CHANGE IN MY ENROLLMENT STATUS, OR IN ORDER TO AVOID AN OVERAWARD SITUATION.

SIGNATURE: _____ **DATE:** _____