

ACTADJ20

REQUEST FOR ACCOUNT ADJUSTMENT FORM 2019/2020

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:

Who Should Complete This Form?

Students who previously accepted/declined/reduced their 2019/2020 award on MYU-portal and wish to amend response(s). **Please Note:** If we have questions concerning the information that you provide on this form, a message will be sent to your UMMC e-mail address.

Revision Request – Please check the box next to the description below that applies to your 2019/2020 award.

- CANCEL** You would like to cancel the entire amount of your *not-yet-disbursed* loan.
- DECREASE** You previously accepted your loan(s) online, and would like to now decline or reduce it/them.
- INCREASE** You previously reduced your loan(s) amount, and would like to borrow more of the loan amount originally offered or reinstate the entire original loan amount.

Which term(s)? Please check the term(s) you would like revised.

- Summer
 Fall
 Spring
 Entire 2019/2020 Award Year

	Current Gross Amount	Gross Amount of Decrease	Total Gross Loan Desired
<input type="checkbox"/> Subsidized			
<input type="checkbox"/> Unsubsidized			
<input type="checkbox"/> Other			

Required Signature

I certify that all information reported on this form is true, complete and accurate. **I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.**

Student's Signature _____
Date _____

Return this form to:
The University of Mississippi Medical Center
 Office of Student Financial Aid
 2500 North State Street
 Jackson, MS 39216
financial-aid@umc.edu
 Print your Name and Student ID Number on All Documents. See <http://myu.umc.edu> for your Financial Aid Status

Student loan requests, for any term in session, must be submitted to the Student Financial Aid Office by the deadline dates below. After the deadline, loan request cannot be processed, and students will need to make alternate arrangements to meet costs of attendance.

Summer Semester: July xx Fall Semester: October xx Spring Semester: March xx

OFFICE USE ONLY

_____ APPROVED

_____ DENIED _____ INITIALS