KINGS commun * Dre	BOROUGH A I T Y C O L L E G E AMS BEGIN HERE *	<u>2019-2020</u> an Adjustment Request Fo	Office of Financial Aid
Name:	LAST NAME	FIRST NAME	
D.O.B:		XXX - XX - SOCIAL SECURITY #	CUNYFIRST ID #
Address:	NUMBER/STREET	APT # CITY	STATE ZIP
Phone:	()	Email:	
Please Notes to the Colleg			a cancelled the loan, you may owe a balance sidized Loan**
	I am requesting a DECREASE	of my Direct Loan in the amo	ount of: \$
	E Fa	all 🛛 Spring	
	I am requesting a CANCELLATION	* of my Direct Loan in the amount	of: \$
	E Fa	all 🛛 Spring	
Applicant Certification: My signature below certifies that I understand: 1) this adjustment form is not a Master Promissory Note (MPN); 2) that I have completed Direct Loan Entrance Counseling before submitting my request; 3) the Financial Aid Office will determine my eligibility for Federal Direct Loans; 4) my Federal Direct Loan request cannot be processed until the Financial Aid Office has received the results of my 2019-2020 FAFSA, collected all required documentation, and determined my application information to be correct; 5) I must maintain half-time enrollment (6 credits) in order to receive any disbursement of Direct Loan funds; 7) the Direct Loan amount cannot exceed my cost of attendance (COA) minus any other financial aid awarded; 8) my loan may be reduced at any time due to a change in enrollment or financial aid eligibility; and 9) the Bursars' Office will make any necessary deductions from my Federal Direct Loan to pay my remaining tuition liability before I receive the balance of the funds. Student's Signature:			
Room U-201	ncial Aid Kingsborough Community Colle 368-4644/5651	ege	Received by: