KINGSBOROUGH
BROOKLYN'S COMMUNITY COLLEGE

2026-2027
Loan Adjustment Request Form

Office of Financial Aid

Name: _____ _____ _____
LAST NAME FIRST NAME MI

D.O.B: _____-_____-_____ _____
MM DD YYYY EMPLID

Address: _____
NUMBER/STREET APT # CITY STATE ZIP

Phone: (_____) _____-_____ Email: _____

Please Note: If the loan was disbursed and a refund was issued to you before you cancel the loan, you may owe a balance to the College.

✓ Direct Subsidized Loan ☐ ****Direct Unsubsidized Loan****

☐ I am requesting a **DECREASE** of my Direct Loan in the amount of: $ _____

☐ Fall 2026 ☐ Spring 2027

☐ I am requesting a **CANCELLATION*** of my Direct Loan in the amount of: $ _____

☐ Fall 2026 ☐ Spring 2027

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 2026-2027 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. **6)** The Direct Loan amount cannot exceed my cost of attendance (COA) minus any other financial aid awarded. **7)** My loan may be reduced at any time due to a change in enrollment or financial aid eligibility. **8)** 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: _____ **Date:** _____

****HANDWRITTEN SIGNATURE ONLY**

Contact Info
Office of Financial Aid Kingsborough Community College
Room U-201
Phone: (718) 368-4644/5651

Received by: _____

Date: _____