



REQUEST FOR FINANCIAL AID REDUCTION

BORROWER SECTION PLEASE PRINT ALL INFORMATION

Last name: _____ First Name: _____

University ID Number (UIN): _____

Please choose one:

- Reduce total amount of financial aid for the current award year to: \$ _____
- Reduce financial aid to cover tuition and fees only.
- Return funds to lender in the amount of: \$ _____

Note: Please reference your **Cost of Attendance** and current **Award Package** located online at <https://my.umdj.edu> to assist you in determining your need.

School:

Campus:

- | | |
|---|---------------------|
| _____ Graduate School of Biomedical Science | _____ Camden |
| _____ New Jersey Medical School | _____ Newark |
| _____ Robert Wood Johnson Medical School | _____ Piscataway |
| _____ School of Nursing | _____ Scotch Plains |
| _____ School of Osteopathic Medicine | _____ Stratford |
| _____ School of Public Health | _____ Web Based |
| _____ School of Health Related Professions – Program: _____ | |
| _____ New Jersey Dental School | |
| _____ New Jersey Dental School Post Graduate – Program: _____ | |

Grade Level 1 2 3 4 Other (circle one)

Borrower's Signature

Date

DO NOT WRITE BELOW THIS LINE

SCHOOL SECTION

Loans to Reduce:

Original Total Reduced Total

Action Taken:

- | | | |
|----------------------|------------------|--|
| Stafford (FSL/UFSL): | \$ _____ / _____ | <input type="checkbox"/> Funds Returned (\$ _____) |
| PLUS / Grad PLUS: | \$ _____ / _____ | <input type="checkbox"/> Reduced 2 nd Disbursement (\$ _____) |
| Other _____: | \$ _____ / _____ | <input type="checkbox"/> Other: _____ (\$ _____) |

Initial / Date: _____