



# 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 <sup>nd</sup> Disbursement (\$ _____) |
| Other _____:         | \$ _____ / _____ | <input type="checkbox"/> Other: _____ (\$ _____)                         |

Initial / Date: \_\_\_\_\_