



REVISION REQUEST FORM

Please fill out this form if you wish to reduce/increase your aid.

Borrower Information

Last Name	First Name	Program and Year:
Touro Email Address:		Student ID #

Loan Reduction Request

1. Please reduce my _____ loan by the following amount(s) for the following semester(s):

Summer: \$	Fall: \$	Spring: \$
------------	----------	------------

2. Please reduce my _____ loan by the following amount(s) for the following semester(s):

Summer: \$	Fall: \$	Spring: \$
------------	----------	------------

Loan Increase Request – SUBSIDIZED STAFFORD and/or UNSUBSIDIZED STAFFORD ONLY

NOTE: If you would like to request additional Graduate PLUS Loan funds, you will need to complete the Graduate PLUS Loan Request Form.

Please increase my Subsidized and/or Unsubsidized Stafford loan(s) by the following amount(s) for the following semester(s):

1. **UBSIDIZED:**

2.

Summer: \$	Fall: \$	Spring: \$
------------	----------	------------

2. **UNSUBSIDIZED:**

Summer: \$	Fall: \$	Spring: \$
------------	----------	------------

Student's Signature

Date

Student's Printed Name