LA ROCHE UNIVERSITY

Office of Financial Aid | 9000 Babcock Blvd. | Pittsburgh, PA 15237
Phone: 412-536-1125 | Fax: 412-536-1072 | E-mail: finaid@laroche.edu

2026-2027 Request for Loan Adjustment

Last Name _____ First Name _____ Student ID _____

Current Address (include Apt. #) _____ City _____ State _____ Zip _____ Contact Number _____

Please select the reason for your loan adjustment request:

- ☐ **I previously accepted my student loan for a lesser amount and wish to request additional loan funds,**
- ☐ **My Parent PLUS Loan was denied, and I wish to request the additional Unsubsidized Loan,**
- ☐ **I previously declined my federal student loan and now wish to request the loan(s) for which I am eligible,**
- ☐ **I wish to apply for a private loan only,**
- ☐ **I want to cancel and/or reduce my current loan amount.**

2026-2027 Academic Year: I wish to adjust my loan funds, in the following semester(s) (check all that apply):

Semester	Requested Action	Loan Type	Current Amount	Adjustment Amount	Final Amount
☐ Fall 2026	☐ Increase	☐ Subsidized			
	☐ Decrease	☐ Unsubsidized			
	☐ Maximum	☐ PLUS Loan			
	☐ Maximum	☐ Private Loan			
☐ Spring 2027	☐ Increase	☐ Subsidized			
	☐ Decrease	☐ Unsubsidized			
	☐ Maximum	☐ PLUS Loan			
	☐ Maximum	☐ Private Loan			
☐ Summer 2027	☐ Increase	☐ Subsidized			
	☐ Decrease	☐ Unsubsidized			
	☐ Maximum	☐ PLUS Loan			
	☐ Maximum	☐ Private Loan			

I authorize La Roche University to certify the loan(s) I have requested on this Request for Loan Adjustment Form. I have read and understand the information contained in this form, and the information I have provided is accurate and complete. **Please be sure to submit this document with handwritten signatures.**
Any typed signatures will **not** be considered as valid and may delay the processing of aid.

Student's Signature _____ Date _____

For Office Use Only
Received by: _____ Date: _____ ☐ Approved ☐ Denied ☐ Pending
Processed by: _____ Date Processed: _____