

Office Of Financial Aid 108 Hofstra University Joan Axinn Hall Hempstead, NY 11549 T: 516-463-5916 F: 516-463-6264 lawfinaid@hofstra.edu

Request to Return/Reduce Loan Funds

Student Name: Last Name, First Name	I	Hofstra ID:
Last Name, First Name	(Please Print)	
Please Note: Requests to return Federal I of disbursement. No requests for returns		will only be processed within 120 days from the date after that timeframe.
Please indicate the loan(s) you wish to	return/reduce:	
□ Direct Unsubsidized Loan	\$	for Summer Term
	\$	for Fall Term
	\$	for Spring Term
□ Graduate PLUS Loan	\$	for Summer Term
	\$	for Fall Term
	\$	for Spring Term
□ Private Loan () Lender Name	\$	for Summer Term
	\$	for Fall Term
	\$	for Spring Term
This form requires your handwritten sig	nature as author	ization to process this request.
Student Signature	Date	Telephone #
Please allow 5-7 b	ousiness days for	your request to be processed.

You may submit this form in person to the Office of Financial Aid in Joan Axinn Hall. You may also submit this form through your my.hofstra.edu portal. For instructions, visit Hofstra.edu/fasteps.