



THE PEABODY INSTITUTE
OF THE JOHNS HOPKINS UNIVERSITY

Financial Aid Office
1 E. Mt Vernon Place
Baltimore, MD 21202
410-659-8100 x 3023 / FAX 410-659-8102
E-mail: finaid@peabody.jhu.edu
Website: <http://www.peabody.jhu.edu/finaid>

| Borrowing Eligibility | | | |
|-----------------------|---------|----------|---------|
| Level | Sub | Unsub | Perkins |
| FR | \$3,500 | \$2,000 | \$4,000 |
| SO | \$4,500 | \$2,000 | \$4,000 |
| JR/SR | \$5,500 | \$2,000 | \$4,000 |
| GR | \$8,500 | \$12,000 | \$6,000 |

2009-2010 Loan Adjustment Form

Student Name: _____
(please print)

Date of Birth: _____ **E-mail:** _____

Academic Level (circle one): **FR** **SO** **JR** **SR** **GR**

| Additional Loan | | Amount \$ | | |
|-----------------|--|-----------|------|--------|
| Item | Request (circle type) | Total Amt | Fall | Spring |
| 1 | I want the additional undergraduate Unsubsidized Direct Loan (up to \$2,000) | \$ | \$ | \$ |

| Cancellations | | | |
|---------------|---|------|--------|
| Item | Request | Fall | Spring |
| 1 | I want to CANCEL my Unsubsidized / Subsidized Direct Loan | [] | [] |
| 3 | I want to CANCEL my PLUS / Grad PLUS Loan | [] | [] |
| 4 | I want to CANCEL my Private Loan | [] | [] |
| 5 | I want to CANCEL my Perkins Loan | [] | [] |
| 6 | I want to CANCEL my Student / Parent PLITT Loan | [] | [] |

| Increases / Decreases | | Amount \$ | | |
|-----------------------|--|-----------|------|--------|
| Item | Request (circle type) | Total Amt | Fall | Spring |
| 1 | I want to INCREASE / DECREASE my Subsidized Loan | \$ | \$ | \$ |
| 2 | I want to INCREASE / DECREASE my Unsubsidized Loan | \$ | \$ | \$ |
| 3 | I want to INCREASE / DECREASE my PLUS / GRAD PLUS Loan | \$ | \$ | \$ |
| 4 | I want to INCREASE / DECREASE my Private Loan | \$ | \$ | \$ |
| 5 | I want to INCREASE / DECREASE my Perkins Loan | \$ | \$ | \$ |
| 6 | I want to INCREASE / DECREASE my PLITT Loan | \$ | \$ | \$ |

| Other Changes or special instructions |
|---|
| Please Explain in the space below (continue on back if necessary) |
| |

MAIL/FAX or drop off this form to the address above

Signature: _____ **Date:** _____