

Financial Aid Reduction/Cancellation Form

Use this form when funds have **NOT** paid out

Student Name: _____ Contact #: (____) _____ Aggie ID: _____

Cancel All Aid: I wish to cancel ALL financial aid, **including scholarships**, for the following semester(s):

☐ Fall 20 __

☐ Spring 20 __

☐ Summer 20 __

Cancel Work-Study: I wish to cancel work-study for the following semester(s):

☐ Fall 20 __

☐ Spring 20 __

☐ Summer 20 __

Cancel Loans Only: I wish to cancel the following loans for the following semester(s):

☐ Fall 20 __

☐ Spring 20 __

☐ Summer 20 __

☐ Alternative Loan*

☐ Direct Subsidized

☐ Direct Unsubsidized

☐ Grad/Parent PLUS

Reduce Loan Amount To:

☐ Alternative Loan*

☐ Direct Subsidized

☐ Direct Unsubsidized

☐ Grad/Parent PLUS

Fall 20 __ \$ _____

Spring 20 __ \$ _____

Summer 20 __ \$ _____

Fall 20 __ \$ _____

Spring 20 __ \$ _____

Summer 20 __ \$ _____

**Requests for Alternative Loans are to be forwarded to the Loan Department for processing.*

By signing below, I understand that the cancellation of my loan(s) for the Fall semester will result in the cancellation of the loan(s) for the entire loan period. If I desire a loan for a subsequent semester, I will need to use a **Loan Acceptance Form**.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Please return this form to the Financial Aid Office at your primary campus.