

Financial Aid Reduction/Cancellation FormUse 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):

<input type="checkbox"/> Fall 20 __	<input type="checkbox"/> Spring 20 __	<input type="checkbox"/> Summer 20 __
<input type="checkbox"/> Alternative Loan*	<input type="checkbox"/> Direct Subsidized	<input type="checkbox"/> Direct Unsubsidized
<input type="checkbox"/> Grad/Parent PLUS		

Reduce Loan Amount To:

<input type="checkbox"/> Alternative Loan*	<input type="checkbox"/> Direct Subsidized	<input type="checkbox"/> Direct Unsubsidized
<input type="checkbox"/> 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.