

## Loan Decline Form

*\*You have 14 days once you receive this check to return unwanted loan funds to the University Bursar's Office*

Student's Name: \_\_\_\_\_ Student's RedID/Empl ID Number: \_\_\_\_\_

Select one of the following options:

Semester of the loan you will be reducing or cancelling - Please Circle One

Summer / Fall / Spring      Year: \_\_\_\_\_

I wish to **reduce** my Direct Subsidized Loan by the following amount      \$\_\_\_\_\_

I wish to **cancel** my Direct Subsidized Loan.

I wish to **reduce** my Direct Unsubsidized Loan by the following amount      \$\_\_\_\_\_

I wish to **cancel** my Direct Unsubsidized Loan.

I wish to **reduce** my Graduate Plus Loan by the following amount      \$\_\_\_\_\_

I wish to **cancel** my Graduate Plus Loan.

Student's Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

