**Request to Decline/Decrease Loan(s)**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Year: \_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Type of Loan** | **Check ONLY if declining *entire* amount of your loan** | **If decreasing or signing your refund check back over to your account, list here the *amount you are declining.*** **Loans will be decreased by this amount** |
| **Alternative Loan:****Name of loan:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **🔾 Fall Only****🔾Spring Only****🔾Entire Year** | **Fall $\_\_\_\_\_\_\_\_\_\_\_****Spring $\_\_\_\_\_\_\_\_\_** |
| **Direct Unsubsidized Loan:** | **🔾 Fall Only****🔾Spring Only****🔾Entire Year** | **Fall $ \_\_\_\_\_\_\_\_\_\_\_\_****Spring $\_\_\_\_\_\_\_\_\_\_** |
| **Direct Subsidized Loan:** | **🔾 Fall Only****🔾Spring Only****🔾Entire Year** | **Fall $ \_\_\_\_\_\_\_\_\_\_\_\_****Spring $\_\_\_\_\_\_\_\_\_\_** |
| **Perkins Loan:** | **🔾 Fall Only****🔾Spring Only****🔾Entire Year** | **Fall $ \_\_\_\_\_\_\_\_\_\_\_\_****Spring $\_\_\_\_\_\_\_\_\_\_** |
| **Mass No Interest Loan:** | **🔾 Fall Only****🔾Spring Only****🔾Entire Year** | **Fall $ \_\_\_\_\_\_\_\_\_\_\_\_\_****Spring $\_\_\_\_\_\_\_\_\_\_\_\_** |

By requesting a cancellation or reduction I understand that:

* Direct Unsubsidized loans will be adjusted before any changes are made to subsidized loans.
* If the funds have been applied to my student account and the refund check process has begun, **I understand that I should first return the refund check to the Student Accounts Office, Boyden Hall.**
* If a loan is being canceled or decreased and has been applied to my account, it may result in a balance due.
* If my lender takes loan fees, the actual amount applied to my student account may be less than my requested amount. The requested amount will be adjusted accordingly.
* If I request reinstatement at a later date, my eligibility must be reevaluated based upon federal regulations.

**Student’s Signature (required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**