



Loan Reduction or Cancellation Request

Student Name: _____

1. Indicate the quarter you want to reduce or cancel (check all that apply):

Quarter Starts in (check all that apply):

<input type="checkbox"/> September	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> June
------------------------------------	----------------------------------	--------------------------------	-------------------------------

2. For the term(s) selected above, specify the amount you want to reduce or cancel by the type of loan. The Federal processor subtracts a fee of about 1% from the Gross Amount.

Student Loan(s)	Reduce Loan <i>by</i> the Net* Amount of:	Reduce Loan down <i>to</i> Amount Below (Gross Amount)**:	Cancel entire loan for 2021-22
Federal Direct Unsubsidized Loan			<input type="checkbox"/>
Federal Direct Subsidized Loan			<input type="checkbox"/>
Federal Direct Graduate PLUS Loan			<input type="checkbox"/>
Other loan:			<input type="checkbox"/>
Parent PLUS Loan***			
Federal Direct Parent PLUS Loan***			<input type="checkbox"/>

*The amount of the loan disbursed into your account after the Federal origination fee has been subtracted.

**The Gross Amount is listed on your Financial Aid Offer. Select this if funds have not yet disbursed into your account for the listed quarter(s) above or if you are wanting to reduce or cancel a loan disbursement.

*****For Parent PLUS loans, both student and parent signature are required*****

Student Signature _____ Date _____ Phone _____ E-mail _____

Parent Borrower Signature _____ Date _____ Phone _____ E-mail _____
(Required only for Parent PLUS Loan)

Send completed form to: ted@sfi.edu