

Loan Reduction or Cancellation Request

Student Name:						-
1. Indicate the qua	rter you want to	reduce or	cancel (ch	eck all that ap	oply):	
Quarter Starts i	n (check all that	apply):				
Septem	September Janu		ry March			June
2. For the term(s) type of loan. Th			•			•
Student Loan(s)	Student Loan(s)		Loan <i>by</i> Amount of:	Reduce Loan down to Amount Below (Gross Amount)**:		Cancel entire loan
Federal Direct Unsubsidized Loan						
Federal Direct S						
Federal Direct Graduate PLUS Loan Other loan:		ın				
Parent PLUS L						
Federal Direct Pa	*					
*The amount of the loan **The Gross Amount is your account for the list	listed on your Fin	ancial Aid Of	fer. Select	this if funds hav	ve not y	vet disbursed into
For Pare	nt PLUS loans, l	ooth studen	t and pare	nt signature a	are rec	quired
udent Signature		Date	Pl	none	E-mail	
Parent Borrower Signature (Required only for Parent PLUS Loan)		Date	Pl	hone	E-m	nail

Send completed form to: ted@sfi.edu