

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_  
(8 digits)



Student Financial Aid  
University of Missouri

## Loan Cancellation or Reduction Form

Please indicate below:

- New loan amount you're requesting.
  - IF CANCELLING: Select "Cancel"
- What semester reduction is being made to.
- A brief explanation as to what action you are requesting.

	New Amount Requested	Fall/Spring (split evenly)	Fall Only	Spring Only	Summer Only	Cancel
<b>Subsidized Loan</b>						
<b>Unsubsidized Loan</b>						
<b>Graduate PLUS Loan</b>						
<b>Parent PLUS Loan</b>						
<b>Private Loan</b>						

***Please explain what action you are requesting Student Financial Aid to make on your loan(s).  
If you're requesting a cancellation, please explain what has changed:***

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I acknowledge that if this change results in a bill due to the University of Missouri, I am responsible to pay these charges.

*If this statement is not acknowledged, this request form will not be processed.*

### Borrower(s) Signature:

Student Borrower:

*(Only required if student is making adjustment to their loan)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent Borrower:

*(Only required if parent is making adjustment to their loan)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date