

Student Name: _____
 Student ID #: _____
 (8 digits)

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
Subsidized Loan						
Unsubsidized Loan						
Graduate PLUS Loan						
Parent PLUS Loan						
Private Loan						

*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:*

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