



Office of Financial Aid

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2016-2017 Loan Reduction/Cancellation Form

Student Name: _____ Date of Birth: _____ Student ID: _____

Telephone #: _____ Address (City, State, Zip) _____

Please indicate which term(s) you are requesting to reduce/cancel a loan:

☐ Fall 1 ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Borrower Wishes to:	Columns to Complete Below:
Reduce Loan	Select Loan Type, Original Amount and New Loan Amount
Cancel Loan	Select Loan Type, I Wish to Cancel This Loan

Select Loan Type	Original Amount	New Loan Amount	I Wish to Cancel This Loan
<input type="checkbox"/> Direct Subsidized	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Direct Unsubsidized	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Parent PLUS	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Private	\$ _____	\$ _____	<input type="checkbox"/>

By signing below I understand that if a loan is cancelled for the same term in which I have already received a refund, I may owe a balance to GMC.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Only Required for Parent PLUS Adjustments