



**2018-2019 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\**