



2019-2020 Loan Reduction/Cancellation Form

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

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

Fall 1 (excludes Milledgeville) 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