



Office Use Only

**Office of Financial Aid**  
2018-2019 Loan Cancellation/Decrease Request Form

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

SSN (last 4 digits): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Type:     WOM     CAUS     GRAD     PHARM

**Request to DECREASE loan:**

Please indicate which semester(s) you are requesting a loan reduction:

summer/fall/spring     fall     spring     summer     fall/spring

Please indicate which loan you want to decrease:

Direct Subsidized loan     Direct Unsubsidized loan     Direct Parent PLUS loan  
 Direct Grad PLUS loan     Alternative loan     Perkins loan

I request that Notre Dame of Maryland University decrease my loan amount:

From: \$ \_\_\_\_\_

To: \$ \_\_\_\_\_

**Request to CANCEL loan:**

|                          |                          |        |                          |      |                          |        |
|--------------------------|--------------------------|--------|--------------------------|------|--------------------------|--------|
| Direct Subsidized loan   | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |
| Direct Unsubsidized loan | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |
| Direct Parent PLUS loan  | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |
| Direct Grad PLUS loan    | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |
| Alternative loan         | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |
| Perkins loan             | <input type="checkbox"/> | summer | <input type="checkbox"/> | fall | <input type="checkbox"/> | spring |

I understand that requesting a reduction or cancellation of the selected loan(s) may result in a balance owed to the university and that it is my responsibility to pay the balance due.

*By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required for changes to Parent PLUS loan)

\_\_\_\_\_  
Date

**This form must be submitted no later than 30 days from the date disbursement notice was sent.**