



Office Use Only

Office of Financial Aid
2019-2020 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.