

**Office of Financial Aid**

**Division of Enrollment and Access**

Centennial Hall

1065 Campus Delivery

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(970) 491-6321 (970) 491-5010

financialaid.colostate.edu

## 2019-2020 Loan Cancellation Form

Student Name: CSUID Number:

If you are the borrower of a loan and you now want to reduce or cancel it, complete this form. The student will receive an email notifying them that their awards have been revised.

1. Indicate the semester(s) you want to reduce or cancel:
* Fall 2019 – Spring 2020
* Fall 2019
* Spring 2020
* Summer 2020
1. Indicate the amount you want to reduce or cancel by the type of loan:

|  |  |
| --- | --- |
| Student Loan(s): | Requested Amount to Cancel/Reduce: |
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By signing this form, I understand that the amount cancelled will become due immediately to Colorado State University. I understand that late fees can incur and prevent future enrollment.

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| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |
| Parent Borrower Signature (for Parent PLUS loans only) |  | Date: |  |