



LOAN CANCELLATION REQUEST FORM

Please complete and submit this form to the Financial Aid Office (SA-124) within 14 days from the date your student loans have been applied to your account. Requests received after 14 days will not be accepted.

Name: _____ CIN#: _____

Academic Year: _____

Loan Term(s) to be cancelled:

Fall Semester Spring Semester Summer Term Academic Year (All 3 Terms)

<u>Loan Type</u>	<u>Amount(s) to be cancelled</u>	<u>Check Date</u>
<input type="checkbox"/> Subsidized Direct Loan	\$ _____	_____
<input type="checkbox"/> Unsubsidized Direct Loan	\$ _____	_____
<input type="checkbox"/> Graduate PLUS Loan	\$ _____	_____
<input type="checkbox"/> Parent Plus Loan	\$ _____	_____
<input type="checkbox"/> Dream Loan	\$ _____	_____

- If you have **already deposited your financial aid check or funds have been electronically deposited** to your checking/savings account, you must provide a Cashier's check or cash for the amount you wish to be cancelled.
- If you **have not deposited** your financial aid check, it must be returned along with this form. If the financial aid check contains other funds (i.e., grant monies), a new check will be issued minus the loan amount you want cancelled.

STUDENT SIGNATURE _____ DATE _____

Note: Loan cancellation will not be processed without signature.

Parent PLUS loan: PARENT SIGNATURE _____ DATE _____

Note: Loan cancellation will not be processed without signature.

Submit to: CSULA Financial Aid Office, SA 124, 5151 State University Drive, Los Angeles CA 90032