

Office of Financial Aid
Division of Enrollment and Access
Centennial Hall
1065 Campus Delivery
Fort Collins, CO 80523-1065
(970) 491-6321 (970) 491-5010
financialaid.colostate.edu



2017-2018 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 2017 – Spring 2018 Spring 2018
 Fall 2017 Summer 2018

2) Indicate the amount you want to reduce or cancel by the type of loan:

Student Loan(s):	Requested Amount to Cancel/Reduce:

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.

Student Signature: _____ Date: _____

Parent Borrower Signature
(for Parent PLUS loans only) _____ Date: _____