2019-2020 Loan Cancellation Form

Please note: This form must be completed within 14 days of disbursement. Any forms submitted more than 14 days after loan disbursement will be reviewed on a case-by-case basis.

Student Name: ____________________________________________ CSUID: ____________________

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:

☐ 2019-2020 academic year
☐ Fall 2019
☐ Spring 2020
☐ Summer 2020

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

<table>
<thead>
<tr>
<th>Student Loan(s):</th>
<th>Requested Amount to Cancel/Reduce:</th>
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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.

Student Signature ___________________________ Date __________

Parent Borrower Signature
(For Parent PLUS loans only) ___________________________ Date __________