

LOAN CANCELLATION REQUEST FORM

You have the right to cancel all or part of your loan disbursement within 14 days from the date you are notified that your loan disbursement was received. Complete this form, indicating the type of loan, the loan amount, and the applicable semester(s):

Student Name _____

Carlow ID _____

Parent Name _____

Required For Federal Direct Parent PLUS Loan only

Federal Direct Subsidized Loan

Fall 20__ Spring 20__ Summer 20__ Return entire amount or \$ _____

Federal Direct Unsubsidized Loan

Fall 20__ Spring 20__ Summer 20__ Return entire amount or \$ _____

Federal Direct Parent PLUS Loan

Fall 20__ Spring 20__ Summer 20__ Return entire amount or \$ _____

Federal Direct Graduate PLUS Loan

Fall 20__ Spring 20__ Summer 20__ Return entire amount or \$ _____

Non-Federal Alternative Loan

Fall 20__ Spring 20__ Summer 20__ Return entire amount or \$ _____

I understand I am requesting a reduction or cancellation of the loan amount offered to me for my educational expenses for attending Carlow University. I also understand that the reduction or cancellation may result in a balance due on my student account and I will be responsible for the balance due. If you have any questions, contact the Student HUB at 412-578-6389 or email finaid@carlow.edu.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Required For Federal Direct Parent PLUS Loan only

Mail or fax completed form to:

Carlow University
Financial Aid Office
3333 Fifth Avenue
Pittsburgh, PA 15213
Fax 412-578-6401