



## FINANCIAL AID OFFICE

1600 Grand Avenue Tel: 651-696-6214 Saint Paul, MN 55105-1899 Fax: 651-696-6866 www.macalester.edu/financialaid finaid@macalester.edu

Secure file transfer: macalester.leapfile.net

## LOAN REDUCTION/CANCELLATION REQUEST FORM

Use this form to reduce or cancel an existing student loan. This form must be delivered to the Financial Aid Office before the end of the semester(s) for which you are requesting a change.

Student Name			
Macalester ID #			
1)	Type of loan to change or cancel:		
	<ul><li>☐ Subsidized Federal D</li><li>☐ Unsubsidized Federa</li><li>☐ Federal Perkins</li></ul>		
2)	<b>Action Requested</b>		
	This request pertains to  ☐ Fall Semester ☐ Spring Semester ☐ Both Fall & Spring Semesters	☐ Check this box if you wish to reduce an existing loan and complete the information below:  Current Amount \$	
NOTE: I understand that reducing the amount of my loan may create a balance due on my Macalester account. I will make immediate arrangements to pay this balance with the Student Accounts Office (located in 77 Mac).			
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