

MACALESTER

financialaid@macalester.edu
macalester.edu/financialaid
SECURE FILE UPLOAD
upload.macalester.edu

FINANCIAL AID OFFICE
1600 Grand Avenue, St. Paul, Minnesota 55105-1899

PHONE (651) 696-6214
TOLL FREE (800) 231-7974
FAX (651) 696-6866

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:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Subsidized Federal Direct | <input type="checkbox"/> Federal PLUS |
| <input type="checkbox"/> Unsubsidized Federal Direct | <input type="checkbox"/> MCISL |
| <input type="checkbox"/> Macalester College Loan | <input type="checkbox"/> Other _____ |

2) Action Requested

- | | | |
|--|---|--|
| <p>This request pertains to</p> <p><input type="checkbox"/> Fall Semester</p> <p><input type="checkbox"/> Spring Semester</p> <p><input type="checkbox"/> Both Fall & Spring Semesters</p> | <p><input type="checkbox"/> Check this box if you wish to reduce an existing loan and complete the information below:</p> <p>Current Amount \$ _____</p> <p>New Amount \$ _____</p> | <p><input type="checkbox"/> Check this box if you wish to decline/cancel your entire loan.</p> |
|--|---|--|

3) Certification

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).

Signature _____ Date _____