2015-2016 STUDENT LOAN CANCELLATION REQUEST

I, _____________________________________________________________, Student ID#____________________

(Student name)

request the Armstrong Office of Financial Aid to CANCEL my student loan(s) for:

☐ FALL    ☐ SPRING    ☐ SUMMER

semester(s) for the 2015-2016 school year.

I would like for my canceled funds to be moved to:

☐ FALL    ☐ SPRING    ☐ SUMMER

_________________________________________  _______________________

Signature  Date

Students that have a break in enrollment or transfer to another institution are required to complete Exit counseling at www.studentloans.gov. A hold will be placed on your Student Account until this requirement has been satisfied.

Student Comments: ________________________________________________________________

_________________________________________  _______________________

Signature  Date

OFA Comments: ________________________________________________________________

_________________________________________  _______________________

OFA Comments: ________________________________________________________________

_________________________________________  _______________________

OFA Comments: ________________________________________________________________

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OFA Comments: ________________________________________________________________

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OFA Comments: ________________________________________________________________

Revised 3/2/2015