



2019-2020 Loan Reduction Cancellation Form

Complete and return this form to the Office of Financial Aid in person or via email at finaid@howard.edu.

Last Name		First Name		HU ID
Address (include apt. no)		City	State	Zip
Contact Number				

Loan Type	Reduce Loan	Cancel Loan
<input type="checkbox"/> Federal Direct Subsidized Loan**	Reduce loan for following semester(s) <input type="checkbox"/> Fall 2019 \$ _____ <input type="checkbox"/> Spring 2020 \$ _____ <input type="checkbox"/> Summer 2020 \$ _____	Cancel loan for following semester(s) <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020
<input type="checkbox"/> Federal Direct Unsubsidized Loan**	Reduce loan for following semester(s) <input type="checkbox"/> Fall 2019 \$ _____ <input type="checkbox"/> Spring 2020 \$ _____ <input type="checkbox"/> Summer 2020 \$ _____	Cancel loan for following semester(s) <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020
<input type="checkbox"/> Federal Direct Parent PLUS Loan**	Reduce loan for following semester(s) <input type="checkbox"/> Fall 2019 \$ _____ <input type="checkbox"/> Spring 2020 \$ _____ <input type="checkbox"/> Summer 2020 \$ _____	Cancel loan for following semester(s) <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020
<input type="checkbox"/> Federal Direct Graduate PLUS Loan**	Reduce loan for following semester(s) <input type="checkbox"/> Fall 2019 \$ _____ <input type="checkbox"/> Spring 2020 \$ _____ <input type="checkbox"/> Summer 2020 \$ _____	Cancel loan for following semester(s) <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020
<input type="checkbox"/> Alternative/Private Loan	Reduce loan for following semester(s) <input type="checkbox"/> Fall 2019 \$ _____ <input type="checkbox"/> Spring 2020 \$ _____ <input type="checkbox"/> Summer 2020 \$ _____	Cancel loan for following semester(s) <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020

****All Federal Direct Loan funds will be reduced by the total amount listed above.**

I authorize Howard University to reduce or cancel the loan(s) I have selected on this Loan Reduction Cancellation Form. I understand that reducing or cancelling a loan that has already disbursed to my student account can potentially create an outstanding balance that will be my responsibility. I also understand that Howard University may not be able to reinstate my reduced or cancelled loan at a later date.

Please be sure to submit this document with handwritten signatures. Any typed signatures will not be considered as valid and may delay the processing of aid.

Student's Signature

Date