

Office of Student Financial Aid ASU Box 32059 Boone, NC 28608 Fax: (828) 262-2585 financialaid@appstate.edu

Student Name:	Phone Number:
Parent Name (PLUS Loan only):	
Banner ID Number:	Date:
What type of loan do you wish	to cancel?
PLUS Loan	Unsubsidized Loan
Subsidized Loan	Private/Alternative Loan Perkins Loan
Which semester do you wish to	cancel?
Fall 2017 Only	Summer 1, 2018 Only
Spring 2018 Only	Summer 2, 2018 Only
Both Fall & Spring 2017-2018	Both Summer 1 & 2, 2018
What amount do you wish to ca	ncel? Must be in whole dollar amounts.
Full Amount Offered	
Partial Amount (If partial enter amour	nt) \$
Initial Box	
I understand that I may only cancel all or a	portion of my loan within the first 21 days after the loan has been credited to
· · · · · · · · · · · · · · · · · · ·	ed to my Student Account more than 21 days ago, I must repay any loan
amount to my loan servicer.	

Parent Signature (PLUS Loan Only)

Student Signature