LOAN CANCELLATION REQUEST FORM

You have the right to cancel all or part of your loan disbursement within 14 days from the date you are notified that your loan disbursement was received. Complete this form, indicating the type of loan, the loan amount, and the applicable semester(s):

Student Name__________________________________________ Carlow ID________

Parent Name__________________________________________ Required For Federal Direct Parent PLUS Loan only

☐ Federal Direct Subsidized Loan
   ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ ......☐Return entire amount or ☐ $___________

☐ Federal Direct Unsubsidized Loan
   ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ ......☐Return entire amount or ☐ $___________

☐ Federal Direct Parent PLUS Loan
   ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ ......☐Return entire amount or ☐ $___________

☐ Federal Direct Graduate PLUS Loan
   ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ ......☐Return entire amount or ☐ $___________

☐ Non-Federal Alternative Loan
   ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ ......☐Return entire amount or ☐ $___________

I understand I am requesting a reduction or cancellation of the loan amount offered to me for my educational expenses for attending Carlow University. I also understand that the reduction or cancellation may result in a balance due on my student account and I will be responsible for the balance due. If you have any questions, contact the Student HUB at 412-578-6389 or email finaid@carlow.edu.

Student Signature__________________________________________ Date______________

Parent Signature__________________________________________ Required For Federal Direct Parent PLUS Loan only Date______________

Mail or fax completed form to:
Carlow University
Financial Aid Office
3333 Fifth Avenue
Pittsburgh, PA 15213
Fax 412-578-6401