

STUDENT FINANCIAL ASSISTANCE

6525 North Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60626
Phone: 773.508.7704 Fax: 773.508.3397
Scan completed form and E-mail to finaidforms@luc.edu



Preparing people to lead extraordinary lives

**2009–2010 REQUEST FOR REDUCTION/
CANCELLATION/REINSTATEMENT OF FINANCIAL AID**

**NOW AVAILABLE: LOAN CANCELLATIONS IN LOCUS. Cancel now in Locus.
Go to View My Financial Aid. If you cancel in Locus, you do not need to submit this form.**

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000.)

If you wish to reduce the amount of your loan(s), make the request with Loyola's Office of Student Financial Assistance ONLY. We will process the reduction and notify your lender of the change.

***Note: If you notify both OSFA and your lender, we will each do the reduction, resulting in possible late fees assessed by the Office of the Bursar if the loan is now less than your outstanding balance.

By signing below, I authorize the Office of Student Financial Assistance to reduce, cancel or reinstate the following financial aid awards, offered to me for the 2009–2010 academic year:

Financial Aid Award (check all that apply)

Subsidized Federal Stafford Loan

- Reduce entire loan to \$ _____
- Cancel entire loan

- Reduce _____ term to \$ _____
- Reinstate loan

Unsubsidized Federal Stafford Loan

- Reduce entire loan to \$ _____
- Cancel entire loan

- Reduce _____ term to \$ _____
- Reinstate loan

Federal Perkins Loan

- Reduce entire loan to \$ _____
- Cancel entire loan

- Reduce _____ term to \$ _____
- Reinstate loan (Note: Federal Perkins Loan will be reinstated only if funds are available.)

Federal Work-Study

- Reduce to \$ _____
- Reinstate award (Note: Federal Work-Study will be reinstated only if funds are available.)
- Cancel entire award

Other Loan _____

- Reduce to \$ _____
- Reinstate loan
- Cancel entire award

I understand that rejected work or loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or canceled awards will be reinstated only if program funding allows.

Student's Signature

Date



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