



Loan Reduction/Cancellation Form

Student's Last Name	First Name	M.I.	Wabash Student ID #
Address (include Apt. #)			Date of Birth
City	State	Zip	Phone #

Please complete this form if you are requesting a reduction or cancellation of your student loan for the current academic year. This form must be completed in full, signed, and dated by the student (and parent for PLUS loan) prior to processing. Please print clearly.

Type of Loan you wish to reduce/cancel:

- ☐ Federal Subsidized Stafford Loan ☐ Wabash College Subsidized Loan
- ☐ Federal Unsubsidized Stafford Loan ☐ Private Loan
- ☐ Federal PLUS loan (parent borrowers only)

Academic Year: _____

Semester of Action Requested: ☐ Fall ☐ Spring ☐ Both

Loan Amount Offered: \$ _____

Action Requested: ☐ I request that the Loan be reduced to the amount of \$ _____.

☐ I do not want the Loan offered; I request loan cancellation.

By signing this form, I acknowledge that I have been offered a loan in the "Loan Amount Offered" shown above, and that I am voluntarily requesting that the loan be reduced, or I am voluntarily rejecting the loan, as indicated above.

By signing this form, I further acknowledge my understanding that if the Loan Amount Offered has been applied to my student bill or refunded directly to the student or parent, then the amount by which the loan is reduced, or the full of amount of a cancelled loan, as applicable, is due immediately to the college. I understand that past due balances can incur late fee charges and prevent future enrollment.

Student Signature	Date
Parent Signature (For PLUS loans only)	Date