



**Student Loan Cancellation Request**  
**2011-2012 Aid Year**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First MI

**Please specify the amount you wish to cancel or the loan period for which to cancel all loans.**

Loan Program and Amount to Cancel:

- Federal Subsidized Stafford Amount \_\_\_\_\_
- Federal Unsubsidized Stafford Amount \_\_\_\_\_
- Federal PLUS Amount \_\_\_\_\_
- Other: \_\_\_\_\_ Amount \_\_\_\_\_  
Please Specify

Period of Loan to Cancel:

- Entire Loan Period
- Summer quarter  Winter quarter
- Fall quarter  Spring quarter

Reason for Cancellation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Financial Aid office at Rhodes State College to cancel my student loan(s). I understand that I am responsible for any loan disbursements I have already received. If 120 days have passed since my loan proceeds were disbursed to Rhodes State College, I assume responsibility for any fees and/or interest charges that may have accrued. I also understand that if I leave school as a half-time student, my loans will begin the repayment process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date