



Aid Year: _____

Loan Cancellation
Office of Student Financial Aid | Florida Atlantic University

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

Student Name _____ Z Student Z Number _____ FAU Email Address _____

INSTRUCTIONS:
1. Please meet with a financial aid counselor **BEFORE** you submit this form.
2. This form must be printed, completed, signed, and submitted in person or by mail with a check payable to FAU.
(Amount must be in whole dollars, no cents.)

I am requesting the cancellation of the Direct Loan(s) as indicated below:

Term	<input type="checkbox"/> Subsidized Loan Amount	<input type="checkbox"/> Unsubsidized Loan Amount	<input type="checkbox"/> Parent PLUS Loan Amount	<input type="checkbox"/> Graduate PLUS Loan Amount	Total
<input type="checkbox"/> Fall _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spring _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Summer _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Student Signature _____ Date _____