AID CANCELLATION REQUEST

STUDENT ID: ________________________________ Aid Year: ____________

Name (please print): ______________________________________________________

Student Email: ________________________________ Phone: ________________

Please CANCEL:

☐ All Financial Aid
☐ Parent PLUS Loan
☐ Subsidized Loan
☐ Unsubsidized Loan
☐ Perkins Loan
☐ Other__________________

Term(s): _______ Fall _______ Spring _______ Summer

Reason for Cancellation:

___ Graduating this semester

___ Transferring to another school; If so, where: ____________________________

___ Declining loan but will attend classes at least half-time at MSSU

___ Not attending MSSU or any other school

___ Other ______________________________________________________________

Student Signature____________________________ Date___________________

RETURN TO:
MISSOURI SOUTHERN STATE UNIVERSITY
Financial Aid Office
Hearnes Hall 109
3950 E. Newman Rd., Joplin, MO 64801
Call: 417-625-9325 or Fax: 417-659-4474
Email: finaid@mssu.edu

Office Use Only
Initials Date
Comments