MISSOURI SOUTHERN STATE UNIVERSITY.

Office of Financial Aid
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AID CANCELLATION REQUEST

Name: _____ **Student ID #:** _____

Please CANCEL:

- ☐ All Financial Aid
- ☐ Parent PLUS Loan
- ☐ Subsidized Loan
- ☐ Unsubsidized Loan
- ☐ Other_____

☐ **2024 - 2025** ☐ **2025-2026**

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
- ☐ Accidentally accepted loan through LioNet
- ☐ Not attending MSSU or any other school
- ☐ Other: _____

Student Signature: _____ **Date:** _____

Office Use Only
Initial:
Date:
Comments: