



**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 _____

☐ 2025 - 2026 ☐ 2026-2027

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: