

SAN DIEGO STATE UNIVERSITY

Loan Decline Form

Name _____ Student ID Number _____

Select one of the following Options:

Semester of the loan you will be reducing/cancelling – Please Circle One

Summer Fall Spring Year: _____

____ I wish to **reduce** my Direct Subsidized Loan by the following amount \$ _____

____ I wish to **cancel** my Direct Subsidized Loan.

____ I wish to **reduce** my Direct Unsubsidized Loan by the following amount \$ _____

____ I wish to **cancel** my Direct Unsubsidized Loan.

____ I wish to **reduce** my Graduate Plus Loan by the following amount \$ _____

____ I wish to **cancel** my Graduate Plus Loan.

Student's Signature Required _____ Date _____