

RRAAREQ: LNRCR1, LNRCR2, Etc.

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2023 - 2024 LOAN REDUCTION OR CANCELLATION REQUEST

STUDENT NAME:	_	SPU ID:		
1. Indicate the quarter you want	to reduce or ca	ncel (check all tha	t apply):	
☐ Summer 2023		☐ Winter 2024		
☐ Fall 2023		☐ Spring 2024		
For the term(s) selected above type of loan.	e, specify the ar	mount you want to	reduce or cance	l by the
Student Loan(s)	Reduce L Amount	_oan by Net* of:	Reduce Gross**	Loan to:
Federal Direct Unsubsidized Loa				
Federal Direct Subsidized Loan				
Federal Direct Graduate PLUS L	.oan			
Federal Nursing Loan				
Institutional Loan				
Other:				
Parent Loan				
Federal Direct Parent PLUS Loa	n			
*The amount of the loan disbursed into you are looking to return a credit refund **The amount listed on your Offer of Fi for the listed quarter(s) or if you are loo **For Parent PLUS loans	d or reduce an amour nancial Assistance. S king to cancel a loan	nt shown in your studen Select this if funds have	t account. not yet disbursed into <u>y</u>	•
Student Signature	Date	Phone	Email	
Parent Borrower Signature Required only for Parent PLUS loan)	Date	Phone	Email	
Office Use Only:	7			