

2021-22 Application for Loan Reduction

Students who wish to cancel all or a portion of a loan should complete this form and bring it to the GSAS Office of Financial Aid or return it via email or fax. *Please allow 5 business days for processing*.

LAST NAME:	FIRST NAME:		MIDDLE INITIAL:	PHONE:	
		COLUMBIA EMAIL ADD	(UNI) RESS:		
LOCAL MAILING ADDRESS:		CUID/PID:	<i>C00</i>		[refer to SSOL]
DEPARTMENT OR PROGRAM:				M.A. only	M.A./M.Phil./Ph.D.
Cancel my loan in Fall only Spring only Cancel <u>a portion</u> Reduce my loan b Please specify the s to be reduced and	of my loan.	Ca Ca Re Ple to	LOAN Fall only Fall only Spring only Encel <u>a portion</u> of me educe my loan by thi ease specify the semes be reduced and expla an funds disbursed thre	Summer only Academic ye y loan. s amount: \$ ster in which you in how you would	/ ar (Fall and Spring) .00 would like your loan d like your remaining
Cancel my loan <u>ir</u> Fall only Spring only Cancel <u>a portion</u> Reduce my loan b Please specify the s to be reduced and	of my loan.	Ca Ca Ple to	VATE LOAN Spect incel my loan <u>in full</u> Fall only Spring only incel <u>a portion of my</u> educe my loan by thi ease specify the semes be reduced and expla an funds disbursed thr	for the followir Summer only Academic ye y loan. s amount: \$ ster in which you in how you would	/ ar (Fall and Spring) .00 would like your loan d like your remaining

STUDENT SIGNATURE