



Cooper Medical School of Rowan University

CMSRU Financial Aid Services
 Medical Education Building
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 Phone: (856) 361-2850 ~ Fax: (856) 361-2828
financialaid@coopermed.rowan.edu

CANCEL LOAN(S) REQUEST FORM

STUDENT INFORMATION

Student Name _____ Student ID _____ Academic Year _____

Student Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Student Rowan Email _____ Student Phone Number _____

REQUESTED DECREASE

I am requesting CMSRU Financial Aid Services to process my request to cancel one or more sources of my funding as indicated:

Loan Type(s) (select all that apply):

- Federal Unsubsidized Direct Loan
- Federal Graduate PLUS Direct Loan
- Private/Alternative Education Loan

Total Financial Aid Amount to Cancel** \$ _____

****Information about your Financial Aid Offer can be found by logging into [Rowan Self-Service](#).**

Student Signature _____ Date (mm/dd/yyyy) _____

CMSRU FINANCIAL AID SERVICES USE ONLY

Loan Type:

- Federal Unsubsidized Direct Loan
- Federal Graduate PLUS Direct Loan
- Private/Alternative Education Loan

Prior Disbursement Amount \$ _____

Reduction Request Amount - \$ _____

New Total Amount \$ _____

Processed By _____ Date (mm/dd/yyyy) _____
Financial Aid Representative