AID CANCELLATION REQUEST

MSSU STUDENT ID: _________________________ Aid Year: ____________

Name (please print): ________________________________________________

MSSU Email: _______________________________ Phone: _______________

Please Cancel:

☐ All Financial Aid
☐ Parent PLUS Loan
☐ Subsidized Loan
☐ Unsubsidized Loan
☐ Perkins Loan
☐ Other____________________

Term(s):  _____ Fall  _____ Spring  _____ Summer  _____

________ Academic Year

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

___ Not attending MSSU or any other school

___ Other__________________________________________________________

Student Signature____________________________ Date__________________

RETURN TO:
MSSU Financial Aid Office
Hearnes Hall 109
3950 E. Newman Rd. Joplin, MO 64801
Call: 417-625-9325 or Fax: 417-625-4474
Email: finaid@mssu.edu