UNIVERSITY OF
MOUNT SAINT VINCENT

Financial Aid Decline/Reduce/Return Aid Form

Decline

I, _____, am declining the following aid for the _____ academic year:

- ☐ Federal Direct Subsidized Loan
- ☐ Federal Stafford Unsubsidized Loan (Accrues interest)
- ☐ Direct Parent/Graduate PLUS Loan
- ☐ Alternative Loan
- ☐ Federal Pell Grant
- ☐ N.Y.S TAP

Reduce

I, _____, for _____ I am requesting the following aid to be reduced to:

- ○ Federal Direct Subsidized Loan $_____
- ○ Federal Stafford Unsubsidized Loan (Accrues interest) $_____
- ○ Direct Parent/Graduate PLUS Loan $_____
- ○ Alternative Loan $_____
- ○ Federal Pell Grant $_____
- ○ N.Y.S. TAP $_____

By signing below, I certify that I am responsible for paying the amount(s) declined or reduced above to my student account if it creates a balance. The amounts will no longer be accounted for in its existence or in its totality towards my student account statement (bill):

Student Signature: _____Date:_____

PLUS Borrower Parent Signature: _____ Date: _____

Student ID: 000_ _ _ _ _ _