2017-18 Federal Loan Refund Return Form

Student’s First Name

Student’s Last Name

9-digit WSU Student ID #

Phone Number

Your Student Loan Disbursement
When your student loan was disbursed, the net amount was credited to your student tuition account. After charges were paid, the excess amount of the loan was released to you. If you request cancellation, you may have a balance owed to WSU.

- You have a right to request loan cancellation in writing within 14 days of the notification of disbursement.
- It has been more than 14 days from the date you received your disbursement notice, loans will only be cancelled for the amount of the loan funds you are returning.
- If it has been more than 120 days from the date you received your disbursement notice, your loans cannot be cancelled. You will need to return loan funds to your lender directly.

Please complete both sections below:

Step 1. RETURNING YOUR FUNDS – Check One

☐ My original refund check is attached to this form.

☐ My refund was direct deposited to my bank account. Please remove the funds from my student account as I am prepared to pay any balance owed to WSU. **You MUST attach a personal check or cashier’s check payable to Wayne State University for the balance owed after funds are removed.**

Step 2. LOAN CANCELLATION or REDUCTION – Check One

☐ CANCEL FULL REFUND AMOUNT - Cancel the **total amount** of my student refund for –

- **choose one period only:**  ☐ Fall 2017  ☐ Winter 2018  ☐ Spring/Summer 2018

☐ REDUCE MY LOAN - Reduce the amount of my student loan by this amount: $____________

I understand that the reduction applies only to the portion of the loan disbursed for the current semester. Prior and/or future disbursements for the loan period will not be reduced.

**Use the 2017-18 Loan Revision form to request cancellation of an undisbursed loan. This form is available at wayne.edu/financial-aid/forms/loans**

Processing your request may take up to five business days.

Optional clarification:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

I authorize the above indicated changes to my federal student loans. If my refund check was issued more than 14 days before today’s date, I understand that I am responsible for paying the interest, if any, that has accrued on my loan.

Student’s Signature: ___________________________________________ Date: ________________

Parent’s Signature: ___________________________________________ Date: ________________

Parent’s signature is required only for return of Federal Parent PLUS Loan funds.