

1100 Second Street, SE
Grace Hall
Cochran, Georgia 31014



Office of Financial Aid
finaid@mgc.edu

Phone: 478-934-3133
Fax: 478-934-3448

Cancellation of Financial Aid

Name: _____

Student Id Number: _____

I would like the Office of Financial Aid to cancel my loans for the term of
Summer_____, Spring_____, and/or Fall_____, in the year of _____.

Loans to be canceled:

- _____ PLUS
- _____ Unsubsidized
- _____ Subsidized
- _____ All Loans

I understand that if the loan has already been paid to my account, the Office of
Financial Aid **will not** be able to return the loan.

Student's Signature

Approved By