



2025-2026 Financial Aid Request to Decline and/or Reduce Award

Student: _____
(Print Full Name)

ID _____

Instructions: Please check the box below to indicate which award you wish to decline/reduce. If you are requesting that the award be reduced, indicate the amount you wish your award to be on the line(s) below for the specified award.

I wish to adjust my Financial Aid Award Package as follows:

☐ Fall/Spring

☐ Fall Only

☐ Spring Only

☐ Summer

Please **check** the appropriate box

Please **circle** the appropriate request and specify reduction amount on:

<input type="checkbox"/> Federal Pell Grant:	Decline / Reduce to \$ _____
<input type="checkbox"/> Federal College Work-Study:	Decline / Reduce to \$ _____
<input type="checkbox"/> Federal Subsidized Loan:	Decline / Reduce to \$ _____
<input type="checkbox"/> Federal Unsubsidized Loan:	Decline / Reduce to \$ _____
<input type="checkbox"/> Federal Parent (PLUS) Loan:	Decline / Reduce to \$ _____
<input type="checkbox"/> Other: _____	Decline / Reduce to \$ _____

Certification Section:

We (student and parents) understand that by reducing and/or declining the above award(s), an outstanding balance may be incurred on the student's account with the university, in which we will be responsible to pay or seek other sources of funding to clear the balance/debt.

Both the student and parent must sign this form if you are reducing or declining the Parent Loan (PLUS). Please Note: There are several resource programs that may require the student/parent to exhaust all options in order to be considered for certain Scholarships/Grants.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____