

## OFFICE USE ONLY

Collection date\_\_\_\_ In-person (initial) \_\_\_\_ Fax/Email (initial) \_\_\_\_ Mail (initial) \_\_\_\_

Date:\_\_\_\_\_

Name: Last	First	MI	Telephone#	
		1711	retephonen	
//		CUNY EMPL ID#		
Please indicate the sen	nester(s) your changes wi	ll be applied to:	:	
Summer '14	Fall '14_		Spring '15	
Decrease by:				
) Direct Subsidized	Loan Amount \$			
) Direct Unsubsidiz	ed Loan Amount \$			
Cancellation:				
-	ncel, be sure you have suffice will cancel you classe		l to cover your tuition	
I wish to cancel:	( ) Subsidized L	bsidized Loan ( ) Unsubsidized Loan		
	( ) Both Subsidia	zed and Unsubs	idized Loans	

**Signature:** \_\_\_\_\_\_