

**Award Year 2024-2025**  
**OKLAHOMA STATE UNIVERSITY**  
**College of Osteopathic Medicine**  
**FINANCIAL AID - LOAN REDUCTION REQUEST**

NAME (please print) \_\_\_\_\_ Banner ID \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MS I       MS II       MS III       MSIV

**I AM REQUESTING MY STUDENT LOAN BE REDUCED OR CANCELLED:**

REDUCED       CANCELLED

**TYPE OF LOAN**

Unsubsidized

**AMOUNT REQUESTED TO BE RETURNED (whole dollars only – NO CENTS)**

\$ \_\_\_\_\_ FALL

\$ \_\_\_\_\_ SPRING

\$ \_\_\_\_\_ TOTAL TO BE RETURNED

Grad Plus

**AMOUNT REQUESTED TO BE RETURNED (whole dollars only – NO CENTS)**

\$ \_\_\_\_\_ FALL

\$ \_\_\_\_\_ SPRING

\$ \_\_\_\_\_ TOTAL TO BE RETURNED