

Award Year 2025-2026
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