

Xavier University of Louisiana

Office of Student Financial Aid

1 Drexel Dr. Box 40 New Orleans, LA 70125 Tel: (504) 520-7835 Fax: (504) 520-7906 Email: <u>finaid@xula.edu</u>

FINANCIAL AID CANCELLATION

This form should be used to cancel any financial aid that you have accepted for the academic year (Fall/Spring semesters).

PRINT LEGIBLY AND CLEARLY IN INK			
ast Name:	First Name:		M.I.:
chool ID#:	Telephone #:		
ome Address:	City, State:		Zip Code:
ajor:	Classification:		XULA E-Mail:
Semester (circle one): Fall	2025	Spring 2026	Fall 2025 - Spring 2026
TYPE OF AID : Check applicable circ year.	cle(s). Please sel	ect the aid you wo	uld like to cancel for the semester or
$_{\odot}$ Direct Subsidized Loan			
$_{\odot}$ Direct Unsubsidized Loan			
o Parent PLUS Loan*			
O Grad PLUS Loan (grad students	only		
o PELL Grant			
o Other:	_		
aid cancelled. I also understar my classes, nor does it keep	nd that cancell me from bein	ing my financial g responsible fo	nave the above types of financial aid does not withdraw me from or any costs owed by me to the ty I must contact the Registrar's

Student's Signature Date