Massachusetts College of Pharmacy and Health Sciences

Boston	(T) 617.732.2864	(F) 617.732.2082
Worcester	(T) 508.373.5633	(F) 508.890.7987
Manchester/Online	(T) 603.314.1729	(F) 603.314.0213

2025 - 2026 Financial Aid Award Revision Request

Student Name _____ MCPHS ID _____

Federal Work-Study

If you do not wish to use your Federal Work Study award, please let us know below.

☐ Decline My Federal Work Study Award

Federal Loans

All students have the right to cancel or reduce any loan that they have been awarded. Reducing or canceling loans may help to decrease a borrower's overall debt. Before reducing or canceling your loans, it is advised that you discuss the changes with the Office of Student Financial Services. Canceling or reducing a loan may result in a balance due on your student account.

Step One:

☐ Cancel ☐ Reduce

Step Two: Please let us know for *which semester(s)* you would like these changes.

☐ **Full Year** ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

Step Three: Please let us know each loan that you would like to make changes to. If you are reducing a loan, please indicate the amount you would like it to be reduced to.

	Reduce Loan To
☐ Federal Direct Subsidized Loan	$_____
☐ Federal Direct Unsubsidized Loan	$_____
☐ Federal Direct PLUS Loan	$_____
☐ Health Professions Student Loan	$_____
☐ Nursing Student Loan	$_____
☐ Other _____	$_____

_____ _____

Student Signature Date Parent Signature (if applicable) Date

*****Please return completed form to the Office of Student Financial Services*****