

2025-2026
F0FRR

Funds Return Request

Office of Student Financial Services
P. O. Box 20036 • Houston, TX 77225
(713) 500-3860 phone • (713) 500-3863 fax
<https://www.uth.edu/sfs/>

Student ID

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Students or parents have the right to return/cancel all or a portion of Federal Direct, State or alternative loan funds before the disbursement occurs or within 14 days of the loan disbursement date. If you have exceeded the 14-day return period, you will need to contact your Loan Servicer or lender. Students may also cancel or return non-loan funds for the award period.

Submit completed form in-person to the Office of Student Financial Services for processing with a check or money order in the amount you wish to return. Checks/Money Orders should be made payable to: **UTHealth**.

If requesting a return of funds to reduce or eliminate an over award, contact your financial aid counselor for further instruction.

A. STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Program _____ School _____

B. RETURN INFORMATION

Type of Aid	Term	Amount Returned	Reason for Return
Subsidized Loan	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Unsubsidized Loan	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Parent PLUS Loan	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Graduate PLUS Loan	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
College Access Loan (CAL)	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Alternative Loan: _____ Lender Name	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		
Other: _____ Fund type	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		

*Round to nearest whole dollar

C. CERTIFICATION AND SIGNATURE

I, _____, confirm my acknowledgement of the following:

- I understand the funds will not be returned if the request is submitted after the 14-day return period (*not applicable to overaward returns*)
- I understand that if the loan has disbursed and I request funds to be returned/cancelled, I may owe tuition for the term;
- I understand I am responsible for loan fees and/or interest accrued after disbursement;
- I understand future disbursements will be cancelled, if applicable;
- I understand processing time may be increased during peak periods.

Student Signature (*no electronic signatures accepted*) _____

Date _____

Parent Signature (*Parent PLUS loans only*) _____

Date _____

----- FOR OFFICE USE ONLY -----

** Attach copy of check/money order**