

REQUEST TO REDUCE PREVIOUSLY ACCEPTED FUNDS

PURPOSE: Students who have previously accepted offered funding can complete this form to request to reduce those funds.

INSTRUCTIONS: Complete this form in its entirety and submit via [Secure Document Upload](#) to the Office of Student Financial Aid Services. Emailed requests **will not** be processed.

NOTE: Requests must be submitted within applicable term. Requests submitted after the term has ended may not be considered.

UConn Health
Office of Student Financial Aid Services
263 Farmington Ave
Farmington, CT 06030

Phone: (860) 679-1364
Fax: (860) 679-1902

Web: <https://health.uconn.edu/financial-aid>

Secure Document Upload:
https://fileupload.financialaid.uconn.edu/uch_form_upload.php?students=

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID	Phone Number	
SECTION 2: School and Year		
School:	Year:	
SECTION 3: Requested Funds		
Term:	Requested amount to reduce, in whole dollars:	
SECTION 4: Review the following:		
<p>By completing and signing this form, I certify that I have read and understand the following:</p> <ul style="list-style-type: none"> Previously accepted funds that have not yet disbursed will be reduced or cancelled; Previously accepted funds that have disbursed may result in an updated fee bill and balance owed. Payment options can be found on the Bursar Webpage; Loan funds will be returned to the lender; Requesting a reduction of previously accepted funds may reduce overall loan indebtedness; A revised Financial Aid offer will be sent via email. 		
SECTION 5: Signature <i>(Wet signatures, electronic versions of wet signatures accepted. Typed signatures NOT ACCEPTED.)</i>		
Signature	Date	