



The University of Oklahoma Health Sciences Center

Offices of the Bursar and Student Financial Aid

Return of loan funds

By completing this form, I am initiating the process to return loan funds that I no longer require. The completed and signed form is my confirmation that I am exercising my option to return funds.

_____ Student name – printed

_____ Student ID

_____ Amount returned*

I understand I cannot return more than what was disbursed to me after the calculation of origination fees and must be a whole dollar amount. Cents cannot be accepted.

_____ Loan to reduce or cancel

_____ Term and year of loan

Student's signature

Date

_____ Financial Aid staff initials and date

_____ Bursar staff initials and date