UNIVERSITY OF CALIFORNIA, SANTA BARBARA
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
2101 SAASB, SANTA BARBARA, CA 93106-3180

2026-2027 STUDENT LOAN ACCEPTANCE & CANCELLATION FORM

STUDENT INFORMATION:

Last Name (Print) First Name M.I. _____ Perm Number

UCSB E-mail Address _____ Phone Number (Include area code)

TYPE OF LOAN ACCEPTANCE:

☐ **1 or 2 Quarter Loan Request**: I am requesting to accept my loan for one or two quarters only. Federal regulations require loan funds to be divided evenly across all quarters. No more than one-third of your total loan amount can be disbursed in any single quarter.

☐ **Education Level Change:** My academic level changed during the year (for example, I advanced from sophomore to junior), and I would like my loan eligibility to be updated.

LOAN ACCEPTANCE: INDICATE WHICH LOANS TO ACCEPT

Remember to complete your Master Promissory Note (MPN) and Entrance Counseling online.

Direct Loan – Subsidized

☐ I accept this loan for the total amount of $_____ to be disbursed over ☐ Fall | ☐ Winter | ☐ Spring | ☐ Summer

Direct Loan – Unsubsidized

☐ I accept this loan for the total amount of $_____ to be disbursed over ☐ Fall | ☐ Winter | ☐ Spring | ☐ Summer

CA Dream Loan

☐ I accept this loan for the total amount of $_____ to be disbursed over ☐ Fall | ☐ Winter | ☐ Spring | ☐ Summer

UCSB Loan

☐ I accept this loan for the total amount of $_____ to be disbursed over ☐ Fall | ☐ Winter | ☐ Spring | ☐ Summer

LOAN CANCELLATION/REDUCTION: INDICATE WHICH LOAN/S TO CANCEL OR REDUCE

Important: If your loan was first disbursed more than **120 days ago**, you **cannot use this form**. Instead, you must repay the loan directly through your federal loan servicer**.** If you are cancelling an entire loan, this may result in a balance owed to BARC. If you're only cancelling the loan for **one quarter**, make sure the cancellation only reflects that specific quarter—not the full year.

Loan Type: _____ Reduce Loans by **Fall:** $_____ **Winter:** $_____ **Spring:** $_____ **Revised Total:** $_____

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CERTIFICATION: Please Read, Sign and Date

By signing below, I confirm that the information provided on this form is accurate and complete. I understand that I may be asked to provide documentation to support the information submitted.

I acknowledge that providing false information may result in fines, imprisonment, or both. I also understand that if any loans I choose to reduce or cancel have already been disbursed to my **BARC account**, I am responsible for repaying the UCSB Billing Office within **30 days** of the cancellation.

Student's Signature _____ Date _____

Email the completed form to: finaiddl@sa.ucsb.edu**.** Allow **5–7 business days** to process.