



# Financial Aid Cancellation Form

This form is used to cancel financial aid processed for the academic year or specific semester. Allow 1-2 weeks for processing.

Name		Date
Student ID		Phone No.

## FINANCIAL AID CANCELTION REQUEST

Check All That Apply	Semester			
	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____	
	Select the aid that you would like to cancel.			
	<input type="checkbox"/> All Financial Aid	<input type="checkbox"/> Grants	<input type="checkbox"/> Loans	<input type="checkbox"/> Scholarships

Please remember to drop any classes you are not planning on attending. Submitting this form will not cancel your classes.

### Student Acknowledgements

Initial all of the statements below. By signing this form:

\_\_\_\_\_ I understand that I may only receive aid at one institution each semester.

\_\_\_\_\_ I understand that I still must drop any classes that I am registered in for the semesters if I do not plan to attend.

\_\_\_\_\_ I understand that, if I complete this form after I have received a disbursement, I will be required to return the unearned portion.

\_\_\_\_\_ I understand that if I decide to attend at a later date, I may not be eligible to receive certain awards I have been previously awarded.

\_\_\_\_\_ I understand that I must complete a new FAFSA if I plan on attending next academic year.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed by: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_