



# 2018-2019 Financial Aid Cancellation & Adjustments Form

Return this completed form to the Financial Aid Office.

Scanning  
Doc Category: Grants  
Doc Type: FA Adjust. Form Award  
Year: 2018  
Status: NEW

Last Name, First Name, Middle Initial			Student ID Number
Address			Email
City	State	Zip	Primary Contact Number

**CANCEL AWARD:**

I am currently awarded financial aid, and I am requesting to cancel my award. **Important:** I understand canceling my award may cause me to owe a balance. If the outstanding balance cannot be paid, this form will not be processed.

Award: (check all that apply)

ALL  GRANTS  SCHOLARSHIPS  OTHER

Semester: (check all that apply)  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

**REINSTATE AWARD:**

I am requesting a previously canceled financial aid award to be reinstated. **Important:** Awards can only be reinstated if they were previously awarded, funding is still available and the deadline has not passed.

Award: (check all that apply)

ALL  GRANTS  SCHOLARSHIPS  OTHER

Semester: (check all that apply)  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

**CHANGE REQUEST FOR A TRANSMITTED LOAN AMOUNT:**

I have a Direct Loan that has transmitted to my account, and I am requesting to cancel all or a portion of that amount. (Important: You may request a reduction within 14 days from the date your student account was credited.) I understand requesting a reduced amount may cause me to owe a balance. If the outstanding balance cannot be paid, this form will not be processed.

DECREASE SUBSIDIZED BY:	<input type="checkbox"/> Fall 20__ \$	<input type="checkbox"/> Spring 20__ \$	<input type="checkbox"/> Summer 20__ \$
DECREASE UNSUBSIDIZED BY:	<input type="checkbox"/> Fall 20__ \$	<input type="checkbox"/> Spring 20__ \$	<input type="checkbox"/> Summer 20__ \$
CANCEL SUBSIDIZED:	<input type="checkbox"/> Fall 20__ \$	<input type="checkbox"/> Spring 20__ \$	<input type="checkbox"/> Summer 20__ \$
CANCEL UNSUBSIDIZED:	<input type="checkbox"/> Fall 20__ \$	<input type="checkbox"/> Spring 20__ \$	<input type="checkbox"/> Summer 20__ \$

Student Signature	Date
Financial Aid Signature	Date

**Financial Aid Certifying Official ensures a complete and thorough review of the record has been conducted prior to submission.**