

STUDENT INFORMATION

Please Print Clearly

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Last Name

First Name

M.I

Student ID Number

You have the right to cancel/decline all or part of your financial aid. Please complete applicable sections of this form and submit it to the Financial Aid Office.

☐ **CANCEL/DECLINE FINANCIAL AID** (Complete entire section)

Type of Aid to Cancel/Decline: (check all that apply) Semester(s) to Cancel/Decline: (check all that apply)

I wish to cancel/ decline my aid as indicated below.

I wish to cancel/decline my aid for the semester(s) indicated.

- ☐ Federal PELL Grant
- ☐ Federal Supplemental Educational Opportunity Grant(FSEOG)
- ☐ Federal Work-Study
- ☐ Federal Direct Subsidized Loan
- ☐ Federal Direct Unsubsidized Loan
- ☐ Cal Grant and Student Success Completion Grant (SSCG)

- ☐ Summer 2025
- ☐ Fall 2025
- ☐ Spring 2026
- ☐ Summer 2026

Reason For Cancelling/Declining Aid: (please provide reason)

I am cancelling/declining my financial aid for the following reason(s): _____

Funds to be Returned: (check one)

I have already been disbursed or have received financial aid funds for the semester(s) I wish to cancel/decline as indicated above.

- ☐ Yes (Complete *Return Funds* section below) ☐ No

☐ **RETURN FUNDS – COMPLETE IF FUNDS HAVE ALREADY BEEN DISBURSED TO YOU**

**Funds already disbursed for the semester(s) indicated above to be cancel/decline, must be returned to process cancellation request.*

I wish to return financial aid funds that have already been disbursed to me for the semester(s) I indicated above.

I wish to return Grant funds via:

Amount to be returned: \$ _____

- ☐ Self-Service – Email will be sent when the amount to be returned is available on your Self-Service account.
- ☐ In Person – Email will be sent with steps to return funds.

CERTIFICATION

I hereby certify that I understand that these funds may not be available to me once the award year is over. Additionally, there is no guarantee that I may be eligible for funds in the future because eligibility is determined annually with the submission of the Free Application for Federal Student Aid (FAFSA) or CA DREAM Act Application (CADA).

Wet Signature Required

Student's Signature

Date

For Office Use Only

Date Processed: _____

Staff Initials: _____

Comments: _____