



**STUDENT INFORMATION**

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Last Name	First Name	M.I.	Student ID#
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1. I am requesting to decline financial aid for the following semester(s):

- All Semesters     
  Fall 2024     
  Spring 2025     
  Summer 2025

2. Fund Type(s) declining:

Decline **all** financial aid funds\*

OR

Decline selected fund(s)

- |   |   |                                    |                               |
|---|---|------------------------------------|-------------------------------|
| <input type="checkbox"/> Pell Grant             | <input type="checkbox"/> FSEOG                    | <input type="checkbox"/> Cal Grant | <input type="checkbox"/> SSCG |
| <input type="checkbox"/> Direct Subsidized Loan | <input type="checkbox"/> Direct Unsubsidized Loan |                                    |                               |
| <input type="checkbox"/> Chaffee                | <input type="checkbox"/> Federal Work Study       | Other                              |                               |

3. Reason/comments for request:

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By signing this form, I understand if I received financial aid at this college for the semester(s) I selected above, I must repay all financial aid funds back to the college before this form can be processed.

\* In addition, I understand that if I choose to decline all my financial aid funds for any semester and I want to re-open my file, I must complete a Reinstatement of Aid Form and upload to the Financial Aid Office for review.

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

[Upload Form](#)

*For Office Use Only*

Comments:

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_