



STUDENT INFORMATION

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 2023	Spring 2024	Summer 2024
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2. Fund Type(s) declining:

Decline **all** financial aid funds*

OR

Decline selected fund(s)

Pell Grant	FSEOG	Cal Grant	SSCG
Direct Subsidized Loan	Direct Unsubsidized Loan		
Chaffee	Federal Work Study	Other	

3. Reason/comments for request:

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:

Staff Signature: _____ Date: _____