OFFICE USE ONLY
TU updated by: _____
SU updated by: _____
PU updated by: _____

Cuyamaca College
Financial Aid Cancellation Request

Print Name:_____ SSN_____-_____-_____
Last First

Section A: General Guidelines and Procedures

If you would like to cancel your Financial Aid file and/or award at Cuyamaca College, you may use this form as an official request for cancellation. If you are transferring to another school, you must call the Federal Processor at 800-433-3243 to add the new school to your Student Aid Report (SAR) or go online to www.fafsa.ed.gov and add the new school. YOUR FINANCIAL AID DOES NOT AUTOMATICALLY TRANSFER TO THE NEW SCHOOL.

The Financial Aid Office is not permitted to send any of your documents to you or your new institution(s). All documents submitted are property of the Cuyamaca College Financial Aid Office. Be advised that if you have received Pell Grant payment(s) you may have to pay a portion of the payment back to Cuyamaca College. If that is the case, you will receive a bill from our Accounting Department.

Section B: Cancellation Request

I wish to cancel my Financial Aid file at Cuyamaca College for the semester or school year specified below:

Fall _____ Spring _____ Summer_____ Fall/Spring& Summer _____

If you *RETURN* to Cuyamaca College and would like to receive your financial aid at Cuyamaca College, you MUST notify us in writing to reinstate your financial aid file.

Please specify reason(s) for this request. Please check all that apply:

☐ I am dropping all classes at Cuyamaca College

☐ I am currently attending or will attend another college and I want to receive financial aid at (name of college):_____

*You may need to repay all financial aid received from Cuyamaca before your file in cancelled

☐ Other:_____

Section C: Declaration

I certify that all information reported on this form and any attachments are true and complete to the best of my knowledge. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/ or repayment of Financial Aid funds.

STUDENT'S SIGNATURE:_____

PRINT NAME:_____DATE:_____