



## **Award Cancellation Request**

| Name  |   |  |  | ID#  |
|---|---|--|--|--|
| La  | ıst   | First  | Middle   |  |
| Section A   | - General   | Guidelines an  | d Procedures   |  |
| form as an must add t documents Financial A have to pa another in | official r he new so to your r Aid Office y the ent stitution | equest for cand thool to your F new institution e. Be advised ire amount of for the same | cellation. Howe<br>AFSA. The Fin<br>(s). All docume<br>that if you hav<br>the payment be<br>enrollment per | e and/or award at Grossmont College, you may use this ver, if you are transferring to another institution, you ancial Aid Office is not permitted to send any of your ents submitted are property of the Grossmont College re received financial aid disbursement(s) you may back to Grossmont College if you wish to be paid by riod. If that is the case, you will receive a bill from strict Accounting Department. |
| Section B   | - Cancella  | ation Request  |  |  |
| Check one   | of the fo   | llowing boxes  | if you want to c   | ancel your Financial Aid file and/or award:  |
|   | ☐ PEI ☐ Cal ☐ Fed ☐ Dire                                      | Grant and SSG<br>eral Work Student Lo  | (Supplemental l<br>CG (Student Sud<br>dy (FWS)   | Educational Opportunity Grant) ccess Completion Grant) zed □Unsubsidized)  |
| Please spe  | cify reaso  | n(s) for this re   | quest  |  |
|   |   | opping all class   |  |  |
|   |   | Name of i<br>sonal difficulti  | nstitution(s) _<br>es/ Illness   | ,  |
| Please spe  | cify the so   | emester(s) and   | the year to which  | ch you would like your Financial Aid cancelled:  |
|   |   | Fall   | ☐ Spri   | ing Summer   |
| Section C   | - Declarat  | tion   |  |  |
| I certify th  | at all info   | rmation report   | ed on this form  | and any attachments hereto is true and complete.   |
| Student Signature   |   |  |  | Date   |