



STUDENT INFORMATION

Last Name First Name M.I. Student ID#

1. I am requesting to decline financial aid for the following semester(s):

- All Semesters Fall 2023 only Spring 2024 only Summer 2024 only

2. Fund Type(s) declining:

- Decline **all** financial aid funds*

OR

- Decline **selected** fund(s)

Federal Work Study

Pell Grant

Cal Grant (log into Webgrants 4 Students account at <https://mygrantinfo.csac.ca.gov/> to complete a status update)

FSEOG

CHAFEE

Federal Direct Subsidized Loan

Federal Direct Unsubsidized Loan

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 submit to the Financial Aid Office for review.

Student Signature: _____

Date: _____

For Office Use Only

Comments:

Staff Signature: _____

Date: _____

Print Staff Name: _____