



**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 2024 only       Spring 2025 only       Summer 2025 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: \_\_\_\_\_