

Name of Financial Aid Applicant *(Please print in Black Ink)*

Last

First

MI

Student ID Number: _____

**CUYAMACA COLLEGE
2019-2020 CANCELLATION REQUEST**

☐ **Fall 2019** ☐ **Spring 2020** ☐ **Summer 2020**

I would like to cancel my financial aid file or award with Cuyamaca College. If you have received financial aid for THE SAME SEMESTER that you want to receive aid at another college, then you need **to pay back all the financial aid funds that were disbursed to you from Cuyamaca College BEFORE you can cancel your file.**

I wish to cancel my Financial Aid file or award at Cuyamaca College for the following reason(s). Please check what applies to your particular situation:

- ☐ I am dropping ALL classes at Cuyamaca College. Please be advised that if you received financial aid (including a book voucher) you may have to pay back the financial aid to Cuyamaca College. **You will be notified by Cuyamaca College Financial Aid Office if you need to repay any financial aid.**

My last date of attending my classes was _____ (date). If different dates, then list the latest date you attended a class.

- ☐ I am currently attending or will attend another college and I want to receive financial aid at that college **AND I HAVE NOT RECEIVED** financial aid at Cuyamaca College.
- ☐ I am currently attending or will attend another college and I want to receive financial aid at that college **AND I HAVE RECEIVED** financial aid at Cuyamaca College and have repaid those funds. **ATTACHED IS A COPY OF MY RECEIPT** to verify that I have repaid the funds I owed to Cuyamaca College. I further understand that until this request is processed and my financial aid record is updated with the Department of Education, payment processing department, I may not be able to receive aid at the other college.
- ☐ I never began attendance in any of the classes that I enrolled in and have received financial aid at Cuyamaca College and have repaid those funds. Attached is a copy of my receipt to verify repayment.
- ☐ Other: (please state reason below and attach a separate sheet if additional space is needed)

My signature below means that I have read and understand this request, all information reported on this form, and any attachments are true and complete to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, or repayment of Financial Aid funds, and I may be subject to fines, sentenced to jail or both. I understand that the Financial Aid Office is not permitted to send any of my documents to me or my new institution. All documents previously submitted are property of the Cuyamaca College Financial Aid Office.

Student's Signature

Date