



2015-16 Request to Cancel Aid

Student Name: _____ Student ID Number: _____

Student Email: _____

This form is to be used for students who wish to cancel their Financial Aid at Southwestern College (SWC).

☐ Pell Grant ☐ All Aid (Pell, SEOG, Cal Grant and FWS)

I authorize SWC to cancel my Financial Aid for the following semesters (select all that apply):

☐ Fall 2015
☐ Spring 2016
☐ Summer 2016

For the following reasons:

- ☐ I have ceased enrollment at SWC, and will be attending another institution for the 2015/16 academic year.
- ☐ I will receive my Financial Aid at another institution, but still take classes at SWC for the 2015/16 academic year.
- ☐ I no longer wish to receive any financial aid from SWC.

**** Students who wish to cancel or adjust their Student Loan must complete the Student Loan Cancellation/Adjustment Form. It is located on the "Forms" section of the Financial Aid webpage at www.swccd.edu/financialaid .**

I understand the terms of this document. I understand that if I request to cancel my Financial Aid for a term which I have already been paid Financial Aid I will owe that money back to Southwestern College (SWC). I understand that if I receive Financial Aid at more than one institution for the same period I will have to repay a portion, or all of my Financial Aid.

Student Signature: _____ Date: _____

Do not mail this form to the U.S. Department of Education. Submit this worksheet to the Financial Aid Office at Southwestern College. You should make a copy of this worksheet for your records.