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**2020-2021 Cancellation/Reinstatement of Financial Aid Form**


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**Last Name****First Name****MI****SWC ID Number**

This form is to be used for students who wish to cancel or reinstate their Financial Aid at Southwestern College (SWC). Please select **ONE** of the boxes to cancel or reinstate your Financial Aid.

 **Cancellation of Financial Aid (*check here if cancellation*)**


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I request SWC to cancel (select all that apply):

- Pell Grant   
  Cal Grant   
  All Aid (Except CCPG, Formerly BOG Fee Waiver)   
  CALIFORNIA PROMISE (CCPG, Formerly BOG Fee Waiver)

For the following semesters (select all that apply):  SU/2020 (CCPG)     FA/2020     SP/2021     SU/2021(Pell)

For the following reason:

- I have ceased enrollment at SWC and will be attending another institution during the 2020-2021 academic year.  
 I will receive my Financial Aid at another institution, but still take classes at SWC for the 2020-2021 academic year.  
 I no longer wish to receive Financial Aid from SWC.  
 I am enrolled in the Southwestern College Regional Apprenticeship Program [CALIFORNIA PROMISE (Formerly the BOG Fee Waiver) only].

**\*\*Students who wish to cancel or adjust their Student Loan must complete the Student Loan Cancellation/Adjustment Form. It is located in the Financial Aid webpage at [www.swccd.edu/faforms](http://www.swccd.edu/faforms).**

 **Reinstatement of Financial Aid (*check here if reinstatement*)**


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I request SWC to reinstate (select all that apply):

- Pell Grant   
  Cal Grant   
  All Aid (Except CCPG, Formerly BOG Fee Waiver)   
  CALIFORNIA PROMISE (CCPG, Formerly BOG Fee Waiver)

For the following semesters (select all that apply):  SU/2020 (CCPG)     FA/2020     SP/2021     SU/2021 (Pell)

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**Certification**


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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 be required to repay all funds 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.

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 Student Signature

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 Date

**Submit this worksheet to the Southwestern College Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers. You should make a photocopy of this worksheet for your records.**

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