Southwestern College



Financial Aid Office

2018-2019 Cancellation/Reinstatement of Financial Aid Form

Last Name	First Name	MI		SWC ID	Number
Please select ONE of the	for students who wish to can be boxes to cancel or reinstance. ancial Aid (check here if can	ate your Finan		ial Aid at Southw	vestern College (SWC).
I request SWC to cancel	l: □ Pell Grant only □ 0	CALIFORNIA PRO	OMISE (FORMERL	Y BOG FEE WAIVER	R) only 🗆 All Aid
•	sters (select <u>all</u> that apply				
For the following reaso	n:				
□ I have ceased enrollment at SWC and will be attending another institution during the 2018-2019 academic year.					
□ I will receive my Financial Aid at another institution, but still take classes at SWC for the 2018-2019 academic year.					
□ I no longer wish to r	receive Financial Aid from	SWC.			
□ I am enrolled in the FEE WAIVER) only].	Southwestern College Reg	gional Apprent	iceship Progran	n [CALIFORNIA PRO	OMISE (FORMERLY BOG
	o cancel or adjust their Stu e Financial Aid webpage at		•	e Student Loan C	Cancellation/Adjustment
Reinstatement of I	Financial Aid (<i>check here i</i>	f reinstateme	nt)		
I request SWC to reinsta	ate my Financial Aid for th	e following se	emesters (selec	t <u>all</u> that apply):	
□ SU/2018 [CALIFORNIA	PROMISE (FORMERLY BOG F	EE WAIVER)]	□ FA/2018	□ SP/2019	□ SU/2019 (Pell)
Certification					
have already been paid	of this document. I unde Financial Aid, I will be requal al Aid at more than one in	uired to repay	all funds to Sou	ithwestern Colle	ge (SWC). I understand
Student Signature	Date	-			
Submit this worl	ksheet to the Southwestern Coll	eae Financial Aid	Office or to any of	the Student Service	s Departments

at any of the Higher Education Centers. You should make a photocopy of this worksheet for your records.