

2016-2017 Cancellation/Reinstatement of Financial Aid Form**INSTRUCTIONS:**

1. Make sure to check your Missing Documents Checklist on the Self Service Portal.
2. Complete all sections of this form and provide all signatures.

Last Name	First Name	MI	SWC ID Number	Date of Birth
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This form is to be used for students who wish to cancel or reinstate their Financial Aid at Southwestern College (SWC).

- | | |
|--------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Cancellation of Financial Aid | <input type="checkbox"/> Reinstatement of Financial Aid |
| <input type="checkbox"/> Pell Grant only | <input type="checkbox"/> All Aid (Pell, SEOG, Cal Grant, FTSSG and FWS) |

A. Cancellation of Financial Aid

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

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Summer 2016 | <input type="checkbox"/> Fall 2016 | <input type="checkbox"/> Spring 2017 |
|--------------------------------------|------------------------------------|--------------------------------------|

for the following reason:

- ☐ I have ceased enrollment at SWC and will be attending another institution during the 2016-2017 academic year.
- ☐ I will receive my Financial Aid at another institution, but still take classes at SWC for the 2016-2017 academic year.
- ☐ I no longer wish to receive 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 in the Financial Aid webpage at www.swccd.edu/faforms.**

B. Reinstatement of Financial Aid

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

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Summer 2016 | <input type="checkbox"/> Fall 2016 | <input type="checkbox"/> Spring 2017 |
|--------------------------------------|------------------------------------|--------------------------------------|

C. Certification

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.

Student Signature

Date

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