



Cancellation of Financial Aid

Processing will not continue unless this form is completed, signed, and returned to the Office of Student Financial Aid.

Name (Please print)	SSN	GSW Student ID
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Email	Phone	DOB
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Student Signature	Date
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Please cancel my aid as indicated:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cancel all financial aid | <input type="checkbox"/> Subsidized Loan | <input type="checkbox"/> Unsubsidized Loan |
| <input type="checkbox"/> Parent Loan PLUS | <input type="checkbox"/> Private Loan | <input type="checkbox"/> Grants and Scholarships |

Please indicate for which semester:

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

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Monetary, funding, and financial need | <input type="checkbox"/> Classes Not Available |
| <input type="checkbox"/> Family Needs or Conflict | <input type="checkbox"/> Academic Warning |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Taking a Semester Off | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> SAP-Lost Financial Aid | <input type="checkbox"/> Other _____ |

Parent can sign for PLUS loan cancellation.

Printed Name	Signature	Date
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FAO processing:	Staff Signature once aid is canceled	Date
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