Cancellation/Reduction of Aid Request Form 2026-2027

A. STUDENT INFORMATION

Name: _____ ACC Student ID#: _____

B. CANCELLATION REQUEST

This Cancellation/Reduction of Aid Request Form provides the ACC Office of Financial Aid with the information necessary to process changes to your Financial Aid. It is your responsibility to read and understand all of the information on this document.

Please check all Aid to cancel below:

☐ All Financial Aid ☐ Subsidized Loan ☐ Unsubsidized Loan ☐ Pell Grant

☐ FSEOG ☐ Parent PLUS Loan ☐ Scholarship(s)/Other - Please list: _____

_____

_____

Term(s):

☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027 ☐ Entire 2026-2027 Academic Year

C. DIRECT LOAN REDUCTION

	Fall 2026	**Spring 2027**	**Summer 2027**
Current Loan Amount:	**$_____**	**$_____**	**$_____**
Amount to Decrease:	**$_____**	**$_____**	**$_____**
New *Total* Loan Amount:	**$_____**	**$_____**	**$_____**

Please review the following:

•I understand that if I complete this form after a refund is processed, **I must return all refund money to ACC** that I have received from cancelled aid. If I cancel **all** financial aid for the Fall semester, aid will be cancelled for the entire academic year. Also, I understand that canceling my financial aid **does not withdraw me from my classes** and I may still have a balance on my student account that I owe to ACC.

•I understand that if I decide to attend at a later date, I may not be eligible to receive certain awards that I was initially awarded.

I certify that I have read this entire document and understand my rights and responsibilities as a student. I authorize the request made on this document, and I understand that an incomplete form will not be processed.

_____ _____

Student Signature **Date**

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Phone: 303.797.5661 • Fax: 303.797.5663 • Email: financialaid@arapahoe.edu Rev. 07/13/2026 **DECL**