

Cancellation/Reduction of Aid Request Form 2017-2018

A. STUDENT INFORMATION

Name: _____ ACC Student ID#: S _____

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
 Scholarship(s), please list: _____
 Pell Grant
 Unsubsidized Loan

 FSEOG
 Parent PLUS Loan
 Other: _____

Term(s):

- Fall 2017
 Spring 2018
 Summer 2018
 Entire 2017-2018 Academic Year

C. DIRECT LOAN REDUCTION

| | <u>Fall 2017</u> | <u>Spring 2018</u> | <u>Summer 2018</u> |
|-------------------------------|------------------|--------------------|--------------------|
| Current Loan Amount: | \$ _____ | \$ _____ | \$ _____ |
| Amount to Decrease: | \$ _____ | \$ _____ | \$ _____ |
| New <u>Total</u> Loan Amount: | \$ _____ | \$ _____ | \$ _____ |

Reason for Cancellation and/or reduction:

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

Please Print this Form and Sign

Date