# Financial Aid Cancellation Form

**2017-2018 Academic Year**

Scholarships and Financial Aid * 7400 Bay Road
University Center, MI 48710 * www.svsu.edu/cfsc
(989) 964-4900 * FAX: (989) 964-2492 * cfsc@svsu.edu

| LAST NAME | FIRST NAME | INT |
|---|---|---|
| SOCIAL SECURITY NUMBER | SVSU ID NUMBER | TELEPHONE NUMBER |

**A. CANCELLING ENTIRE AID PACKAGE**

| Please check all that apply: | PERIOD: |
|---|---|
| | ☐ FALL 2017 ONLY ☐ SPRING/ SUMMER 2018 ☐ ENTIRE YEAR |
| | ☐ FALL 2017/ WINTER 2018 ☐ WINTER 2018 ONLY |

**You may request a Pell Grant or Stafford Loan that you have previously cancelled as long as you still meet all of the eligibility requirements. Request forms must be submitted 30 days before the end of the semester if a loan is being requested.**

**B. REASON FOR CANCELLATION**

| Please check all that apply: | REASON: |
|---|---|
| | ☐ NO LONGER ATTENDING ☐ PERSONAL/FAMILY REASONS |
| | ☐ MEDICAL REASONS ☐ TRANSFERRING TO _____ (INSTITUTION) |
| | ☐ OTHER _____ |

**Please remember to drop any classes you are not planning on attending. Submitting this form will not cancel your classes. Classes must be dropped within the 100% refund period for the semester in order to avoid charges for the classes.**
This will not grant you an administrative or medical withdrawal. All of those changes are done through the Registrar's Office.

By signing this form:

☐ I understand that I still must drop any classes that I am registered in for the semesters listed in Section A of this form. (Failure to drop the classes within 100% refund of the semester may result in a balance owing.)
☐ I understand that, if I complete this form after I have received a refund, I must return any refunds that I received for a semester I am not in attendance of.
☐ I understand that if I decide to attend at a later date I may not be eligible to receive certain awards I may have been packaged with for the Fall 2017 and/or Winter 2018 semesters.
☐ I understand that I will receive a new award letter if I decide to attend for a future semester, and that I must inform the Financial Aid Office if I choose to do so. (For Winter 2018, students should fill out a 2017-2018 Request for Aid After Period of Non-Enrollment Form.)
☐ I understand that I must fill out a 2018 Spring/Summer Federal Grant, Scholarship, and/or Student Loan Request Form if I decide to attend in Spring/Summer 2018. (This form is available beginning in January - online or outside the Financial Aid Office.)
☐ I understand that I must complete a 2018-2019 FAFSA if I plan on attending the next academic year.
☐ I understand that I may have other obligations or requirements to inform the Admissions Office and/or Registrar's Office if I plan on enrolling after I have had a period of non-attendance.

**D.**_____
**SIGNATURE** **DATE**

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.

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**FOR OFFICE USE ONLY**

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| Authorized Signature - GRANT AREA | Title | Date |
|---|---|---|

| Authorized Signature - LOAN AREA | Title | Date |
|---|---|---|

| Authorized Signature - SCHOLARSHIP AREA | Title | Date |
|---|---|---|

| Authorized Signature - MI AWARDS AREA | Title | Date |
|---|---|---|