



## 2014-2015 Request to Cancel AID

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

This form is to be used for students who wish to cancel their Financial Aid at Southwestern College (SWC).

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

- ☐ Fall 2014
- ☐ Spring 2015
- ☐ Summer 2015

**For the following reasons:**

- ☐ I have ceased enrollment at SWC, and will be attending another institution for the 2014/2015 academic year.
- ☐ I will receive my Financial Aid at another institution, but still take classes at SWC for the 2014-2015 academic year.
- ☐ I no longer wish to receive any financial aid from SWC.

***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 owe that money back 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: \_\_\_\_\_