

Box 9000, Las Vegas, NM 87701 Office: (505) 454-3318 or 1-800-379-4038

Fax: (505) 454-3398 financialaid@nmhu.edu www.nmhu.edu

2018-2019 Request to Cancel Financial Aid

Student Name			
Phone Number Email Ad		Address	
This form is to request ca	ncellation of financial for	the following semester	:
□ Fall 20	☐ Spring 20	☐ Summer 2	0
Check one box:			
1. □ Cancel all of my wor	k-study, grants, loans and sc	holarships.	
2. □ Cancel only the follo	owing funds (check all that ap	oply)	
•	☐ Fall 20 ☐ Spi	,	ımmer 20
☐ Pell Grant	1	o —	
□ SEOG			
□ STATE			
□ N.M. College Af	fordability Grant		
☐ Direct Subsidize	•		
☐ Direct Unsubsid	ized Stafford Loan		
	our aid? (If you are transferarship, please complete a Ne		
		The state of the s	
I understand the financial a	id I indicated will be cancelle	d.	
Student Signature (O	riginal Signature Required)	Date	