

**2019-2020**  
**Request to Cancel Financial Aid**

Student Name		@	Banner ID #
Address	City	State	Zip
Phone Number	Email Address		

**This form is to request cancellation of financial for the following semester:**

- Fall 20\_\_\_\_       Spring 20\_\_\_\_       Summer 20\_\_\_\_

**Check one box:**

1.  Cancel all of my work-study, grants, loans and scholarships.
  
2.  Cancel only the following funds (check all that apply)
  - Work Study       Fall 20\_\_\_\_       Spring 20\_\_\_\_       Summer 20\_\_\_\_
  - Pell Grant
  - SEOG
  - STATE
  - N.M. College Affordability Grant
  - Direct Subsidized Stafford Loan
  - Direct Unsubsidized Stafford Loan
  - Other\_\_\_\_\_

**Why are you cancelling your aid?** (If you are transferring to another New Mexico school and wish to transfer your Lottery Scholarship, please complete a New Mexico Scholarship Transfer Transcript.)

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I understand the financial aid I indicated will be cancelled.

Student Signature	Date
(Original Signature Required)	