

SOUTHWESTERN CHRISTIAN COLLEGE
FINANCIAL AID CANCELLATION FORM
201_ - 201_

Name: _____

Social Security Number: _____

Student ID#: _____

Please cancel my:

- _____ All Financial Aid
- _____ Student Loans only
- _____ Parent PLUS Loan only

For the following semester(s):

- Fall 20__ Spring 20__

Reason:

Transferring to _____

Other _____

By signing below, I understand that canceling my Financial Aid does not withdraw me from my classes or keep me from being responsible for any monies owed by me to the college. I understand that I must follow the proper withdrawal procedures in order to withdraw from classes.

Student Signature

Date

OFFICE USE ONLY: Cancelled By: _____ Date: _____ Pell: _____ Sub: _____ Unsub: _____ Other: _____