

Please return this completed form and all other required materials to:

Aultman College
Financial Aid Administrator, Briana Williams
2600 Sixth Street S.W., Canton, Ohio 44710-1799
finaid@aultmancollege.edu

FINANCIAL AID CANCELLATION FORM

STUDENT NAME _____

STUDENT ID # _____

I request my financial aid be cancelled for the:

Summer semester Fall semester Spring semester Fall/Spring academic year Other _____

Reason for cancellation _____

*If withdrawing or transferring to another institution, please complete direct loan exit counseling at www.studentloans.gov

If you need another school notified of this cancellation, enter the school name and a fax number or mailing address below:

School Name _____

Fax or Address _____

I hereby authorize Aultman College to cancel all pending financial aid and release all pertinent aid information to the school listed above.

Student Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY A FINANCIAL AID SPECIALIST ONLY:

Enrollment Period: From _____ To _____ Award Year _____

Last Date of Attendance _____ Last 4 Digits of SSN _____

Aultman College has disbursed the following amounts of financial aid:

Pell	\$	Last disbursement date	
Ohio College Opportunity Grant	\$	Last disbursement date	
Federal Direct Subsidized Loan	\$	Last disbursement date	
Federal Direct Unsubsidized Loan	\$	Last disbursement date	
Other Aid	\$	Last disbursement date	

All pending financial aid has been cancelled at the student's request and will be reported to COD.

Signature _____

Date _____

Printed Name _____

Title _____