



Financial Aid Office

Decline of Financial Aid Award

Name: _____
(Print) Last, First M.I.

Student ID: _____ Phone #: _____

I am declining financial aid for the following semester(s):

Fall: _____ Spring: _____ Summer: _____

Have you received financial aid for the semester checked above (excluding CCPG -Waiver)?

_____ Yes (Please attach financial aid check received)

_____ No

I am declining for the following reason:

Signature: _____ Date: _____

Financial Aid Office Use Only

_____ Award backed out on packaging (if any)

_____ Comments Posted in RHACOMM

_____ Letter emailed to student

FAO: _____ Date: _____